HEALTH RISK BEHAVIORS OF PENNSYLVANIA ADULTS

1989

Pennsylvania Department of Health
Division of Health Promotion

The Behavioral Risk Factor Surveillance System is administered by the Pennsylvania Department of Health with federal funds from the Centers for Disease Control and the Preventive Health and Health Services Block Grant. The Federal Government provided $44,188 to the Department of Health for the operation of the Surveillance System.

HEALTH RISK BEHAVIORS OF PENNSYLVANIA ADULTS

A REPORT OF THE PENNSYLVANIA
BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM
1989 DATA

Prepared by:

Health Risk Reduction Program
Division of Health Promotion
Pennsylvania Department of Health
Harrisburg, Pennsylvania 17108

ACKNOWLEDGMENTS

This report is produced using data collected as part of the Behavioral Risk Factor Surveillance System. Funding is provided by the Federal Government through the Centers for Disease Control and the Preventive Health and Health Services Block Grant. The Pennsylvania Department of Health acknowledges the vision, leadership, and assistance given by the Behavioral Surveillance Branch of the Centers for Disease Control.

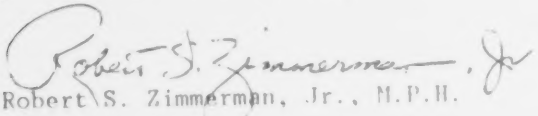
The Wisconsin Survey Research Laboratory of the University of Wisconsin collects data for the Pennsylvania survey. We recognize their continual efforts to maintain a high quality data collection system for the Commonwealth of Pennsylvania.

We greatly appreciate the advice and commitment of the Health Risk Reduction Advisory Committee to the Behavioral Risk Factor Surveillance System.

We also want to thank and acknowledge the following Department of Health staff for writing various sections of the report, advising on content and format, and typing:

Catherine Becker, M.P.H., Division of Health Promotion
Wayne Edmonds, M.S.W., Division of Health Promotion
Billye June Eichelberger, M.P.H., R.D., Division of Health Promotion
John Hair, B.A., Office of Program Development and Implementation
Linda Mann, B.A., Division of Health Statistics
Vickie Petrina, M.Ed., Division of Health Promotion
Robert Ranberg, M.A., Division of Chronic Disease Intervention
Sharon Sowers, B.S., Division of Emergency Health Services
Ginnie D'Agostino, Division of Office Services
Tammy Shearer, Division of Office Services
Penny Yohn, Division of Office Services
Verna Dodson, Division of Office Services

Finally, we wish to thank the Pennsylvania citizens who gave their time to participate in the survey.



Robert S. Zimmerman, Jr., M.P.H.
Director
Bureau of Epidemiology and Disease Prevention

TABLE OF CONTENTS

CONTENTS	PAGE
Acknowledgments	i
List of Figures	iii
List of Tables	iv
Introduction	1
Methods	5
Cigarette Smoking	11
Alcohol Use	21
Weight Control	33
Exercise	49
Injury Prevention	57
Hypertension	67
Disease Prevention	75
Appendices	
References	91
1989 Behavioral Risk Factor Survey Questionnaire	93

LIST OF FIGURES

FIGURE		PAGE
A.1	Persons Currently Smoking, Percent by Sex and Race, Pennsylvania, 1989	17
B.1	Persons Who Are Acute Drinkers, Percent by Sex and Race, Pennsylvania, 1989	29
B.2	Persons Who Are Chronic Drinkers, Percent by Sex and Race, Pennsylvania, 1989	30
B.3	Persons Who Drink and Drive, Percent by Sex and Race, Pennsylvania, 1989	31
C.1	Overweight Persons (According to the 1959 Metropolitan Height-Weight Tables), Percent by Sex and Race, Pennsylvania, 1989	40
C.2	Overweight Persons (According to Body Mass Index), Percent by Sex and Race, Pennsylvania, 1989	41
D.1	Persons Who Have a Sedentary Lifestyle, Percent by Sex and Race, Pennsylvania, 1989	54
E.1	Persons Not Using Seatbelts, Percent by Sex and Race, Pennsylvania, 1989	63
F.1	Persons With Current Hypertension, Percent by Sex and Race, Pennsylvania, 1989	73

LIST OF TABLES

TABLE		PAGE
1.	Leading Causes of Death Among Pennsylvania Residents, 1988	3
2.	1990 Objectives for the Nation - Objectives for Key Behavioral Risks	4
3.	Disposition of All Telephone Numbers in the Sample, 1989 Pennsylvania Behavioral Risk Factor Survey	8
4.	Distribution of the Pennsylvania Behavioral Risk Factor Survey Sample and the Pennsylvania Adult Population by Sex, Age, and Race	9
5.	Distribution of the 1989 Pennsylvania Behavioral Risk Factor Survey Sample by Selected Demographic Characteristics, Unweighted and Weighted Data	10
A.1	Smoking Status by Sex and Age, Pennsylvania, 1989	15
A.2	Smoking Status by Race, Education, and Income, Pennsylvania, 1989	16
A.3	Current Smokers by Average Number of Cigarettes Smoked Daily, Sex, and Age, Pennsylvania, 1989	18
A.4	Current Smokers by Attempt to Stop Smoking, Sex, and Age, Pennsylvania, 1989	19
B.1	Alcohol Consumption in Past Month by Sex and Age, Pennsylvania, 1989	25
B.2	Persons Who Reported Drinking in Past Month by Number of Alcoholic Drinks Consumed During Past Month, Age, and Sex, Pennsylvania, 1989	26
B.3	Alcohol Risk Factors by Sex and Age, Pennsylvania, 1989	27
B.4	Alcohol Risk Factors by Race, Education, and Income, Pennsylvania, 1989	28
C.1	Weight Status by Sex and Age, Pennsylvania, 1989	38
C.2	Overweight by Sex, Age, Race, Education, and Income, Pennsylvania, 1989	39
C.3	Perceived Weight Status by Sex and Age, Pennsylvania, 1989	42

TABLE		PAGE
C.4	Persons Trying to Lose, Maintain, or Gain Weight by Sex and Age, Pennsylvania, 1989	43
C.5	Persons Trying to Lose Weight by Recency of Current Attempt to Lose Weight, Sex, and Age, Pennsylvania, 1989	44
C.6	Persons Trying to Lose or Maintain Weight by Weight Control Methods Used, Sex, and Age, Pennsylvania, 1989	45
C.7	Persons Who Were Eating Fewer Calories to Lose or Maintain Weight by Calorie Counting, Sex, and Age, Pennsylvania, 1989	46
C.8	Persons Advised to Reduce Weight by Sex and Age, Pennsylvania, 1989	47
D.1	Sedentary Lifestyle by Sex, Age, Race, Education, and Income, Pennsylvania, 1989	53
D.2	Physical Activity Levels by Sex and Age, Pennsylvania, 1989	55
D.3	Primary Physical Activity Performed by Physically Active Persons, by Sex, Pennsylvania, 1989	56
E.1	Seatbelt Use by Sex and Age, Pennsylvania, 1989	61
E.2	Lack of Seatbelt Use by Race, Education, and Income, Pennsylvania, 1989	62
E.3	Persons with a Working Smoke Detector in Their Household by Sex, Age, Race, Education, and Income, Pennsylvania, 1989	64
E.4	Use of Thermometer to Test Hot Water Temperature by Sex, Age, Race, Education, and Income, Pennsylvania, 1989	65
E.5	Injury Prevention Measures, Pennsylvania, 1989	66
F.1	Hypertension by Sex and Age, Pennsylvania, 1989	71
F.2	Hypertension by Race, Education, and Income, Pennsylvania, 1989	72
G.1	Persons Who Visited a Doctor for a Routine Checkup by Recency of Last Routine Checkup, Sex, and Age, Pennsylvania, 1989	79
G.2	Persons Who Visited a Doctor for a Routine Checkup by Type of Doctor Seen at Last Routine Checkup, Sex, and Age, Pennsylvania, 1989	80

TABLE		PAGE
G.3	Persons Who Ever Had Their Cholesterol Checked by Sex and Age, Pennsylvania, 1989	81
G.4	Persons Who Had Ever Had Their Cholesterol Checked by Recency of Last Cholesterol Check, Sex, and Age, Pennsylvania, 1989	82
G.5	Cholesterol Status by Sex and Age, Pennsylvania, 1989 . . .	83
G.6	Persons Under Doctor's Advice to Reduce Cholesterol by Type of Cholesterol Reduction Measure, Pennsylvania, 1989 . .	84
G.7	Persons Who Had Ever Been Told by a Doctor That They Had Diabetes by Sex and Age, Pennsylvania, 1989	85
G.8	Females Who Ever Had a Mammogram by Age, Race, Education, and Income, Pennsylvania, 1989	86
G.9	Reasons for Having a Mammogram by Age of Females Who Ever Had a Mammogram, Pennsylvania, 1989	87
G.10	Source of Motivation for Having Last Mammogram by Age of Females Who Ever Had a Mammogram, Pennsylvania, 1989 . .	87
G.11	Recency of Last Mammogram by Age of Females Who Ever Had a Mammogram, Pennsylvania, 1989	88

INTRODUCTION

The Pennsylvania Department of Health established the Behavioral Risk Factor Surveillance System in 1989 in cooperation with the Centers for Disease Control. This report describes data collected by the Surveillance System during 1989.

The Behavioral Risk Factor Surveillance System was developed to gather information on the behavioral risks which are considered to be the most important contributing risk factors for the leading causes of death and disability in the United States. Chronic diseases and injuries are among the leading causes of death in the nation and in Pennsylvania (see Table 1).

The Surgeon General estimated that seven out of the ten leading causes of death could be substantially reduced if persons at risk improved certain key health behaviors. Six types of behaviors were identified as critical to enhancing health:

- Eliminating cigarette smoking
- Reducing alcohol misuse
- Modifying diets to reduce intake of excess calories, fat, salt, and sugar
- Exercising moderately
- Adhering to speed laws and using safety belts
- Participating in screening for cancer, heart disease, and other major disorders

Widespread adoption of these health behaviors is the goal of health promotion and disease prevention programs. Lack of information concerning the prevalence of risk-taking behaviors has hindered health professionals in their efforts to develop effective prevention strategies. To address this need, the Centers for Disease Control began assisting states to conduct surveys on personal health practices and behaviors.

Pennsylvania Behavioral Risk Factor Surveys

In 1982, a point-in-time telephone interview survey was conducted by Chilton Research Services, Inc., for the Pennsylvania Department of Health. Behavioral risk data were collected from 904 persons aged 18 to 64 years. A report of the survey, Pennsylvania Health Risk Prevalence Survey, was published and used to identify groups with high rates of smoking and other behavioral risks.

During 1984, the Centers for Disease Control changed the risk factor surveys from point-in-time surveys to ongoing surveillance systems called the Behavioral Risk Factor Surveillance System. Under this System, interviewing is conducted monthly to produce annual estimates which reduce bias caused by seasonal fluctuations in behaviors.

Working with the Centers for Disease Control, Pennsylvania initiated the Behavioral Risk Factor Surveillance System in January 1989. This report contains data from 1,814 people who completed interviews during 1989.

Use of Behavioral Risk Data

The Behavioral Risk Factor Surveillance System provides state-level data to plan and evaluate health promotion programs and policies. Behavioral risk data can be used in a number of ways:

(1) **Identify high risk groups.** A comparison of risk factors by various population subgroups reveals those subgroups most in need of health promotion and risk reduction programs.

(2) **Assess Pennsylvania's progress in meeting national objectives for health promotion and disease prevention.** The Year 1990 Objectives for the Nation established ideal levels for reducing behavioral risks such as smoking, alcohol, obesity and physical inactivity (see Table 2). Comparing the national objective to state level data indicates the need for various prevention programs.

(3) **Monitor trends in behavioral risks.** Over time, data indicating little change in behavioral risks may indicate the need for increased focus on specific risks.

(4) **Assess impact of state legislation.** Mandatory seatbelt laws and increases in taxes on tobacco have an impact on use of seatbelts and tobacco products. Collected over a number of years, state-level data will allow policy-makers to assess the effect of state legislation on behavioral risks.

Content of Report

This report contains summaries of the 1989 data and a description of the data collection methods. Data are summarized by behavioral risks and disease prevention practices. Tables provide breakdowns by age, sex, race, income, and education.

This is the first annual report of the Behavioral Risk Factor Surveillance System. Comments and suggestions on the content and format of the report are welcome.

TABLE 1

LEADING CAUSES OF DEATH AMONG
PENNSYLVANIA RESIDENTS, 1988

CAUSE OF DEATH	RANK	TOTAL NUMBER OF DEATHS	PERCENTAGE OF TOTAL
Heart Disease	1	47,810	38.1
Malignant Neoplasms	2	28,316	22.6
Cerebrovascular Disease	3	8,036	6.4
Unintentional Injuries	4	4,437	3.5
Chronic Obstructive Pulmonary Disease	5	4,303	3.4
Pneumonia and Influenza	6	3,990	3.2
Diabetes Mellitus	7	2,614	2.1
Septicemia	8	1,894	1.5
Nephritis and Nephrosis	9	1,605	1.3
Suicide	10	1,479	1.2
All Other Causes		20,853	16.6
TOTAL		125,337	99.9

Source: Pennsylvania Vital Statistics Annual Report, Pennsylvania Department of Health, State Health Data Center, 1990.

TABLE 2

1990 OBJECTIVES FOR THE NATION -
OBJECTIVES FOR KEY BEHAVIORAL RISKS

BEHAVIORAL RISK	1990 OBJECTIVE
TOBACCO	° By 1990, the proportion of adults who smoke should be reduced to below 25 percent.
ALCOHOL	° By 1990, the proportion of problem drinkers among all adults aged 18 and over should be reduced to 8 percent.
DIETARY RISK	° By 1990, the prevalence of significant overweight (120 percent of "desired" weight) among the U.S. adult population should be decreased to 10 percent of men and 17 percent of women without nutritional impairment.
PHYSICAL INACTIVITY	° By 1990, the proportion of adults 18 to 65 participating regularly in vigorous physical exercise should be greater than 60 percent. ° By 1990, 50 percent of adults 65 years and older should be engaging in appropriate physical activity, e.g., regular walking, swimming, or other aerobic activity.

Source: Promoting Health/Preventing Disease -- Objectives for the Nation, U.S. Department of Health and Human Services, 1980.

METHODS

The Behavioral Risk Factor Surveillance System is a joint effort of the Pennsylvania Department of Health, the Centers for Disease Control, and the Wisconsin Survey Research Laboratory. The Department of Health prepared this report and administered the contract for data collection. The Centers for Disease Control (CDC) provided funding, developed the survey methods and questionnaire, and analyzed the data. The Wisconsin Survey Research Laboratory conducted interviewing and processed the data.

Telephone Interview Survey

Information was obtained by means of telephone interviews. Compared to household interviews, telephone surveys offer a more efficient way of collecting data on health behaviors. The primary limitation to telephone interview surveys is that households lacking telephones are excluded from the survey. In Pennsylvania, only 3 percent of households do not have telephones.

Sample

The Behavioral Risk Factor Surveillance System uses a three-stage cluster design developed by CDC following Waksberg's method for random digit dialing. The first stage of sampling consists of selecting the primary sampling units (clusters) to be included in the survey. The primary sampling unit is the first eight digits of the ten digit telephone number (i.e., area code and next five digits). The primary sampling unit (PSU) is randomly selected from a list of all possible eight-digit prefixes to telephone numbers in the State. In the second stage of sampling, two randomly selected numbers are added to the eight-digit PSU, and the resulting ten-digit telephone number is called to determine if it is a residential telephone. If it is not residential, the PSU (and the entire cluster of 100 numbers which are formed by adding all combinations of two digits to the PSU) is rejected from the sample. This process is more efficient than accepting all PSUs because many PSUs contain a high proportion of non-residential telephone numbers. If the telephone number is a residential telephone, the PSU is retained in the sample. The telephone numbers to be called within the PSU are generated by adding two last digits to the PSU. Three interviews are obtained from each PSU.

The third stage of sampling consists of selecting the respondent to be interviewed. An eligible respondent is any person who is 18 years or older and who resides in the household. One respondent per household is selected for the interview by means of computer-generated random numbers.

Questionnaire

CDC developed the core survey questionnaire which was used by the 40 states that participated in BRFSS during 1989. Many of the items were taken from the Household Interview Survey of the National Center for Health Statistics and were used in behavioral risk factor surveys from previous years. All of the new items were thoroughly field-tested. States participating in BRFSS have the option of adding supplemental questions to the core questionnaire. Pennsylvania added questions developed by CDC on injury control to the questionnaire. (See Appendix for a copy of the questionnaire.)

Interviewing and Response Rates

The survey questionnaire was placed on the Wisconsin Survey Research Laboratory's computer-assisted telephone interviewing system (CATI) and tested to assure question wording, flow, and contingency skips were entered as intended. Interviewers received training on the questionnaire.

All interviews for each monthly survey were completed on the dates designated by CDC. In order to reach people when they are more likely to be at home, interviews were conducted in the evenings and on weekends. A minimum of six calls were placed at different times of the day and night and different days of the week before any sample number was classified as "no answer."

Ten percent of all completed interviews were verified by recontacting the indicated respondent. A probability sample was selected for the verification process, and work from all interviewers was included.

The majority of people who refused to participate in the survey were recontacted by interviewers who had a good record in converting refusals to completed interviews. The decision to recontact refusals and reluctant respondents was made based on the interviewer's description of the specific situation surrounding the call.

The outcome of all telephone calls is shown in Table 3. The 1,823 completed interviews represent a completion rate of 54.1 percent. The refusal rate was 30.8 percent.

Characteristics of the Sample Population

The demographic variables included in the surveillance system are age, sex, race, education, employment status, marital status, and household income. Table 4 provides a breakdown of the unweighted sample data by age, sex, and race and a breakdown of the Pennsylvania population for comparison purposes.

As shown in Table 4, females are over-represented in the sample. This over-representation occurs because of differences in response rates and telephone coverage. To make the sample estimates more representative of Pennsylvania adults, the data were adjusted or weighted using the 1987 population estimates for age, sex, and race. The sample data were also weighted for the number of adults and telephone numbers per household and the sample cluster size. Table 5 provides a breakdown of the weighted and unweighted sample data by selected demographic characteristics.

Accuracy of Estimates

The estimates of risk factors for the adult population of Pennsylvania are accurate to within +3% at the 95% confidence level. The level of accuracy for any demographic subgroups of the population (i.e., females, Whites, young adults) will generally be less precise. Estimates of risk factor prevalence in these subgroups are included in this report because they help to identify trends and high-risk subgroups.

Data Analysis

CDC analyzed the data using SAS and SESUDAAN, a statistical program developed by Research Triangle Institute. All of the tables and figures presented in this report were developed using the standardized tabulations provided by CDC to all states which participate in the BRFSS.

All of the percentages shown in the tables contained in this report were calculated using weighted data with the exception of Tables 4 and 5. Percentages may not total to 100 due to rounding and missing data - individuals who refused or did not know the answer to a particular question. The total numbers shown in the tables are unweighted data.

TABLE 3

DISPOSITION OF ALL TELEPHONE NUMBERS IN THE SAMPLE,
1989 PENNSYLVANIA BEHAVIORAL RISK FACTOR SURVEY

FINAL OUTCOME	NUMBER	PERCENT
1. Completed Interview*	1,823	27.5
2. Refused Interview	789	11.9
3. Non-Working Number	1,846	27.9
4. No Answer (multiple times)	962	14.5
5. Business Telephone	623	9.4
6. No Eligible Respondent Available at Selected Number	195	2.9
7. Selected Respondent Unavailable	180	2.7
9. Terminated During Interview	24	0.4
10. Line Busy (multiple times)	125	1.9
8&11. Incapable Respondent or Language Barrier	51	0.8
TOTAL	6,618	99.9

*Out of the 1,823 completed interviews, nine did not obtain data for age or race. These nine records were deleted from data analysis. The response rate was calculated according to a formula developed by the Council of American Survey Research Organizations:

$$\text{Response Rate} = 100 \times \frac{\text{Completed Interviews}}{[\text{Known Eligibles}] + \left[\left(\frac{\text{Known Eligibles}}{\text{Known Eligibles} + \text{Ineligibles}}\right) \times (\text{Unknowns})\right]}$$

$$\text{Refusal Rate} = 100 - \left[\frac{\text{Completed Interviews}}{\text{Completed Interviews} + \text{Refusals} + \text{Terminations}}\right]$$

Unknown = codes 4 + 10
Known Eligibles = codes 1 + 2 + 7 + 9
Ineligibles = codes 3 + 5 + 6 + 8 + 11

TABLE 4

DISTRIBUTION OF THE PENNSYLVANIA BEHAVIORAL RISK FACTOR SURVEY SAMPLE AND THE PENNSYLVANIA ADULT POPULATION BY SEX, AGE, AND RACE

DEMOGRAPHIC CHARACTERISTIC	1989 BEHAVIORAL RISK FACTOR SURVEY* NUMBER	(PERCENT)	POPULATION ESTIMATES** NUMBER	(PERCENT)
SEX				
Female	1,059	(58.4)	4,810,408	(53.2)
Male	755	(41.6)	4,231,045	(46.8)
AGE				
18-24 Years	179	(9.9)	1,338,825	(14.8)
25-34 Years	421	(23.2)	1,956,316	(21.6)
35-44 Years	380	(20.9)	1,609,454	(17.8)
45-54 Years	213	(11.7)	1,187,713	(13.1)
55-64 Years	242	(13.3)	1,226,861	(13.6)
65 Years and Older	379	(20.9)	1,722,284	(19.0)
RACE				
White	1,632	(90.0)	8,185,863	(90.5)
Non-White	182	(10.0)	855,590	(9.5)

*Unweighted data.

**1987 Estimates of Pennsylvania's population of adults 18 years and older.

TABLE 5

DISTRIBUTION OF THE 1989 PENNSYLVANIA BEHAVIORAL RISK FACTOR SURVEY SAMPLE BY SELECTED DEMOGRAPHIC CHARACTERISTICS, UNWEIGHTED AND WEIGHTED DATA

DEMOGRAPHIC CHARACTERISTIC	UNWEIGHTED DATA NUMBER	UNWEIGHTED DATA PERCENT(1)	WEIGHTED DATA PERCENT(1)
SEX			
Female	1,059	(58.4)	(53.2)
Male	755	(41.6)	(46.8)
AGE			
18-24 Years	179	(9.9)	(14.8)
25-34 Years	421	(23.2)	(21.6)
35-44 Years	380	(20.9)	(17.8)
45-54 Years	213	(11.7)	(13.1)
55-64 Years	242	(13.3)	(13.6)
65 Years and Older	379	(20.9)	(19.0)
RACE AND ETHNICITY			
White, not of Hispanic origin	1,632	(90.0)	(89.3)
Black, not of Hispanic origin	135	(7.4)	(7.9)
Hispanic, all races	29	(1.6)	(1.6)
Other	18	(1.0)	(1.3)
EDUCATION			
Less Than High School	312	(17.2)	(17.0)
High School Graduate	738	(40.7)	(42.3)
Technical School(2)	71	(3.9)	(3.7)
Some College	276	(15.2)	(16.0)
College Graduate	264	(14.5)	(13.7)
Post Graduate	150	(8.5)	(7.2)
Unknown/Refused	3	(0.2)	(0.1)
HOUSEHOLD INCOME			
Less Than $10,000	265	(14.6)	(12.9)
$10,000 - $20,000	394	(21.7)	(22.4)
$20,000 - $35,000	485	(26.7)	(26.1)
$35,000 and Over	485	(26.7)	(27.9)
Unknown/Refused	185	(10.2)	(10.7)

(1)Percentages may not add to 100 due to rounding.

(2)Includes persons who graduated from technical school and persons who had completed some technical school.

CIGARETTE SMOKING

Health Consequences of Cigarette Smoking

Cigarette smoking remains one of the single most important avoidable causes of death in the nation. The Surgeon General's Reports on Smoking (1982, 1983, 1984) stated that 30 percent of all cancer deaths, up to 30 percent of heart disease deaths, and 80 to 90 percent of all deaths from chronic obstructive lung disease are attributable to cigarette smoking.

Cigarette smoking is also linked to many other health problems. Smoking during pregnancy increases the risk of still births, spontaneous abortions, and low birthweight. It is a major cause of residential fires and fire-related deaths in urban areas.

In 1985, the total number of smoking-attributable deaths in Pennsylvania was 17,961 according to the National Status Report on Smoking and Health published by the U.S. Department of Health and Human Services (1990). The economic costs generated by diseases associated with smoking were estimated to be $2.9 billion for Pennsylvania.

Prevalence of Smoking in Pennsylvania

For the purpose of this survey, cigarette smokers were defined as those individuals who reported that they had ever smoked 100 cigarettes in their entire lives and that they were smoking cigarettes at the time of the survey. Former smokers were those persons who had smoked 100 cigarettes during their lifetimes, but who were not smoking at the time of the survey. People who were classified as having never smoked were those individuals who had not smoked 100 cigarettes during their lifetimes.

Table A.1 shows the proportion of current smokers, former smokers, and persons who never smoked by age and sex. In 1989, 27 percent of Pennsylvania's adults were smokers. Close to half of all adults never smoked. The prevalence of smoking was highest among middle-aged adults and lowest among older adults aged 55 years and over.

Among women, the highest rates of smoking were found in the 25-44 year-old age groups. These years are considered to be among the childbearing years when smoking poses a risk during pregnancy and to children exposed to smoke in the house.

Current Smoking by Race, Education, and Income

As shown in Table A.2, the rates of smoking were lowest among people with college level education and those with an annual household income of $35,000 or more.

Figure A.1 provides a comparison of current smoking rates by sex and race. As shown in Figure A.1, smoking rates were considerably higher among Black males compared to White males. Rates were also higher among Black females compared to White females.

Amount Smoked

Table A.3 shows the average daily number of packs of cigarettes smoked by current smokers. Males and people in the middle age group were more likely to be heavier smokers.

Attempts to Quit Smoking

Table A.4 indicates that 58 percent of smokers reported that they had stopped smoking for a week or more during the past year. Older adults were least likely to have stopped smoking during the prior year.

Comment

Pennsylvania's prevalence of cigarette smoking exceeded the 1990 national objective of reducing smoking to 25 percent of all adults. Those population subgroups with the highest rates of smoking were Blacks, adults aged 25-54 years, and people with less income and education.

TABLE A.1

SMOKING STATUS BY SEX AND AGE, PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT(1): CURRENT SMOKER	FORMER SMOKER	NEVER SMOKED	NEVER SMOKED REGULARLY	TOTAL NUMBER(2)
FEMALES					
18-24 Years	24.6	8.3	67.0	-	105
25-34 Years	31.9	15.5	52.0	-	222
35-44 Years	33.0	20.5	46.4	-	218
45-54 Years	27.7	19.9	52.0	0.4	119
55-64 Years	17.6	32.7	49.7	-	145
65 Years and Older	11.0	20.8	68.2	-	250
All Females	24.0	19.5	56.3	0.0	1,059
MALES					
18-24 Years	31.4	7.0	59.6	2.1	74
25-34 Years	36.9	17.2	44.2	1.1	199
35-44 Years	30.7	31.7	37.6	-	162
45-54 Years	31.2	34.4	34.4	-	94
55-64 Years	30.5	46.1	20.9	2.0	97
65 Years and Older	18.4	45.9	33.6	-	129
All Males	30.3	29.0	39.3	0.8	755
TOTAL	27.0	23.9	48.4	0.4	1,814

(1)Percentages were calculated using weighted data. Percentages may not add to 100 due to rounding and refusals or unknowns in response to questions.

(2)Total numbers are unweighted data.

TABLE A.2

SMOKING STATUS BY RACE, EDUCATION, AND INCOME, PENNSYLVANIA, 1989

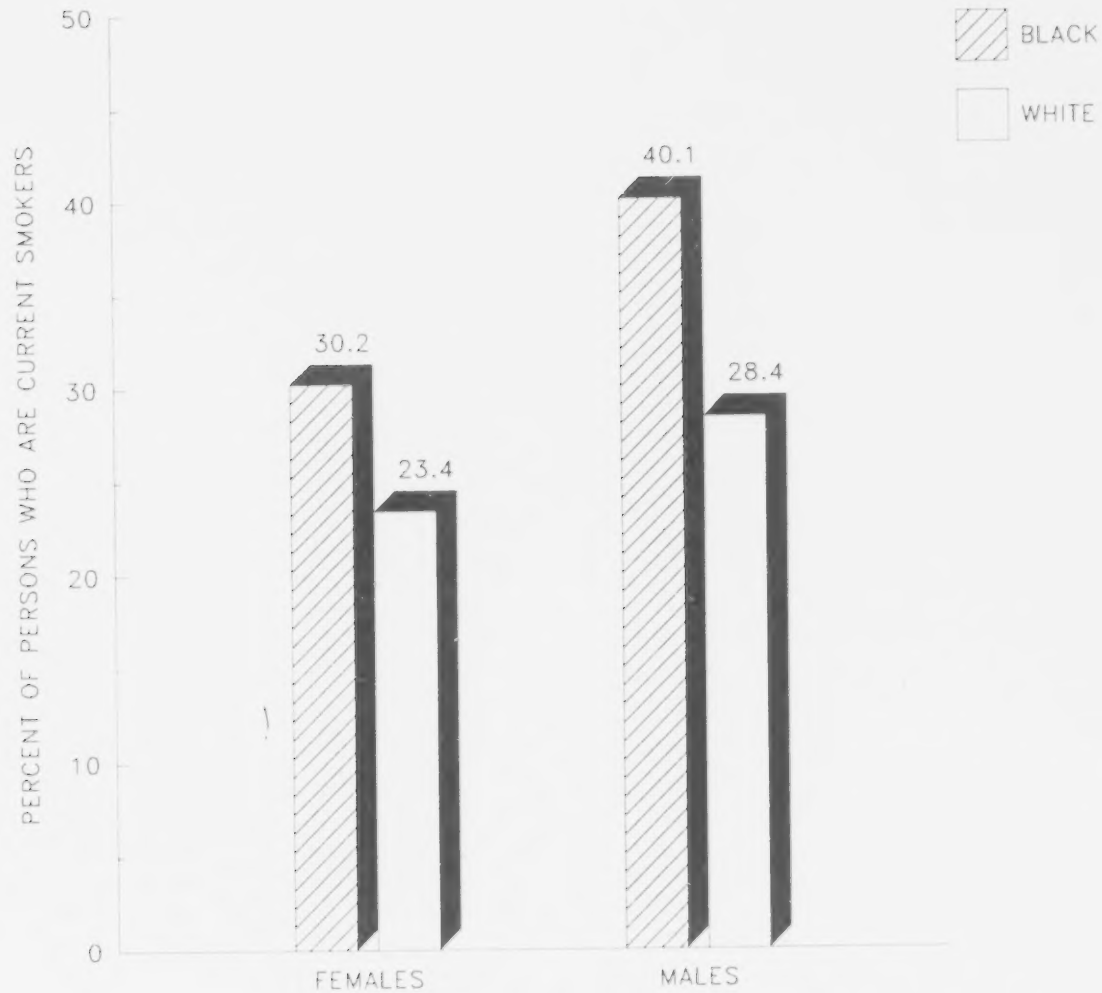
DEMOGRAPHIC CHARACTERISTIC	PERCENT (1): CURRENT SMOKER	NON-SMOKER(3)	TOTAL NUMBER(2)
RACE			
Black, not of Hispanic origin	34.8	63.9	135
White, not of Hispanic origin	25.8	74.0	1,632
EDUCATION			
Less than High School	27.2	71.9	312
High School Graduate	33.9	66.0	738
Technical School	35.3	64.7	71
Some College	23.1	76.6	276
College Graduate	17.6	81.9	264
Post Graduate	7.8	92.2	150
HOUSEHOLD INCOME			
Less than $10,000	28.1	71.4	265
$10,000-$20,000	32.1	67.7	394
$20,000-$35,000	33.2	66.7	485
$35,000 or More	19.2	80.8	485
TOTAL	27.0	72.7	1,814

(1)Percentages were calculated using weighted data. Percentages may not add to 100 due to rounding and to refusals or unknowns in response to questions.

(2)Total numbers are weighted data.

(3)Nonsmokers are persons who never smoked or who were not smoking at the time of the survey.

FIGURE A.1 PERSONS CURRENTLY SMOKING, PERCENT BY SEX AND RACE, PENNSYLVANIA, 1989



PERSONS CURRENTLY SMOKING INCLUDES THOSE WHO EVER SMOKED 100 CIGARETTES IN THEIR LIFETIME AND WERE SMOKING AT THE TIME OF THE SURVEY.

TABLE A.3

CURRENT SMOKERS BY AVERAGE NUMBER OF CIGARETTES SMOKED DAILY, SEX, AND AGE, PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT* OF SMOKERS WHO SMOKED: LESS THAN 1 PACK/DAY	MORE THAN 1 PACK/DAY	TOTAL NUMBER OF SMOKERS**
SEX			
Females	48.4	50.9	257
Males	36.2	63.8	234
AGE			
18-24 Years	65.0	35.0	50
25-34 Years	41.2	58.1	147
35-44 Years	29.5	70.5	121
45-54 Years	37.0	63.0	61
55-64 Years	37.4	62.6	61
65 Years and Older	46.2	52.5	51
TOTAL	41.9	57.8	491

One Pack = 20 Cigarettes

*Percentages were calculated using weighted data. Percentages may not add to 100 due to rounding and refusals or unknowns in response to questions.

**Total numbers are unweighted data.

TABLE A.4

CURRENT SMOKERS BY ATTEMPT TO STOP SMOKING, SEX, AND AGE, PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT* OF SMOKERS WHO STOPPED SMOKING FOR A WEEK OR MORE DURING THE PAST YEAR: YES	NO	TOTAL NUMBER OF SMOKERS**
SEX			
Females	41.8	58.2	257
Males	42.9	57.1	234
AGE			
18-24 Years	65.6	34.4	50
25-34 Years	41.3	58.7	147
35-44 Years	37.5	62.5	121
45-54 Years	43.3	56.7	61
55-64 Years	34.5	65.5	61
65 Years and Older	26.7	73.3	51
TOTAL	42.4	57.6	491

*Percentages were calculated using weighted data. Percentages may not add to 100 due to rounding.

**Total numbers are unweighted data.

ALCOHOL USE

Health Problems Associated with Alcohol Use

Alcohol is the most damaging drug known to society. Among all drugs, it causes more death, lost productivity, morbidity, and sheer human misery than all prescription drugs and illicit drugs combined.

Probably the most well-known physical consequence of alcohol is cirrhosis of the liver. Approximately 90 percent of cirrhosis is related to alcohol use. As little as two weeks of heavy drinking (defined as five or more drinks a day) can cause significant, but reversible, damage to the liver.

Besides the liver, alcohol damages cells and tissues in every part of the body - heart, lungs, the entire gastrointestinal system and the reproductive system. Fetal Alcohol Syndrome - fetal damage due to maternal consumption of alcohol - is the largest single preventable cause of birth defects in the country. Alcohol is a risk factor for certain types of cancer and chronic obstructive lung disease. Even vision can be permanently impaired due to alcohol's damage to the optic nerve.

Alcohol is implicated in nearly half of all fatalities resulting from suicides and homicides. Over half of all traffic fatalities are attributable to alcohol. Alcohol-related traffic deaths are a leading cause of death among young people in Pennsylvania.

Every year 105,000 Americans die from conditions attributed to alcoholism. The National Institute on Alcohol Abuse and Alcoholism estimates that alcoholism costs the nation $136.3 billion per year in lost productivity and health care costs. The costs of alcoholism to Pennsylvania are estimated to be $8.2 billion per year.

Prevalence of Alcohol Use in Pennsylvania

Table B.1 shows the proportion of respondents who indicated that they had consumed any alcoholic beverages in the past month. Slightly less than half of all females and close to two-thirds of all males reported consumption of alcohol during the past month. The prevalence of nonuse was highest among older adults and females.

Amount of Alcohol Consumed by Age and Sex

Of those people who reported drinking alcohol during the past month, almost half had ten or fewer drinks during the month. Table B.2 shows that female drinkers were less likely to be heavier drinkers than males.

The Centers for Disease Control identified three alcohol-related behaviors that place people at risk: acute (binge) drinking, chronic drinking, and drinking and driving. Table B.3 shows the percentage of adults who are at risk for each of these behaviors.

Acute Drinking

Acute, or binge, drinking is defined as having five or more drinks on one or more occasions in the past month. One out of five adults in Pennsylvania were considered to be binge drinkers. The rate of binge drinking was much

higher in males compared to females. Among both men and women, the highest rates of binge drinking were found in the younger age groups: 18-34 years old.

Chronic Drinking

Chronic drinkers were those respondents who reported 60 or more alcoholic drinks in the past month. Six percent of adults in Pennsylvania were chronic drinkers. The rate of chronic drinking was much higher in males compared to females.

Drinking and Driving

About 4 percent of adults reported that they had driven after having perhaps too much to drink at least one time during the past month. The prevalence of drinking and driving was higher among males compared to females. The rates of drinking and driving were highest in the younger age groups.

As shown in Table B.3, the highest prevalence of all three alcohol risk factors is found in males and younger people.

Alcohol Risk Factors by Race

Table B.4 shows the prevalence of alcohol risk factors among Whites and Blacks. While the rate of acute drinking was higher among Whites compared to Blacks, there appears to be little difference in the other alcohol risk factors.

Alcohol Risk Factors by Education and Income

There were no apparent consistent trends in the prevalence of alcohol risk factors by education and income.

Comment

According to the 1990 Objectives for the Nation, the proportion of problem drinkers should be reduced to 8 percent of all adults. The proportion of Pennsylvania adults who had five or more drinks on at least one occasion in the month prior to the survey exceeded the national objective of 8 percent, while the proportion of adults who were chronic drinkers or who had been drinking and driving was less than the national objective. Young males were particularly at high risk, with rates in excess of the national objective for all three types of alcohol risk behaviors.

TABLE B.1

ALCOHOL CONSUMPTION IN PAST MONTH
BY SEX AND AGE, PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT* WHO HAD ANY ALCOHOLIC BEVERAGE IN PAST MONTH: YES	NO	TOTAL NUMBER**
FEMALES			
18-24 Years	64.1	35.9	105
25-34 Years	52.7	47.3	222
35-44 Years	54.8	45.2	218
45-54 Years	50.1	49.9	119
55-64 Years	33.8	66.2	145
65 Years and Older	23.3	76.7	250
All Females	45.3	54.7	1,059
MALES			
18-24 Years	69.0	31.0	74
25-34 Years	75.9	24.1	199
35-44 Years	73.7	26.3	162
45-54 Years	73.9	26.1	94
55-64 Years	62.3	37.7	97
65 Years and Older	47.4	52.6	129
All Males	67.8	32.2	755
TOTAL	55.8	44.2	1,814

*Percentages were calculated using weighted data. Percentages may not add to 100 due to rounding.

**Total numbers are unweighted data.

TABLE B.2

PERSONS WHO REPORTED DRINKING IN PAST MONTH
BY NUMBER OF ALCOHOLIC DRINKS CONSUMED
DURING PAST MONTH, AGE, AND SEX, PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT* OF PERSONS WHO CONSUMED: LESS THAN 10 DRINKS PER MONTH	10-40 DRINKS PER MONTH	41 OR MORE DRINKS PER MONTH	TOTAL NUMBER OF ALCOHOL CONSUMERS**
SEX				
Females	61.9	28.3	7.3	487
Males	33.9	41.2	22.6	510
AGE				
18-24 Years	39.3	35.4	21.0	122
25-34 Years	43.6	39.8	14.9	273
35-44 Years	50.7	35.6	12.4	247
45-54 Years	52.3	32.7	14.1	126
55-64 Years	40.4	32.4	23.3	108
65 Years and Older	50.8	33.6	11.9	121
TOTAL	46.0	35.6	16.0	997

*Percentages were calculated using weighted data. Percentages may not add to 100 due to rounding and to refusals and unknowns in response to questions.

**Total numbers are unweighted data. Alcohol consumers include anyone who had any beer, wine, wine coolers, cocktails, or liquor during the past month.

TABLE B.3

ALCOHOL RISK FACTORS BY SEX AND AGE,
PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT(1) WHO ARE AT RISK FOR: ACUTE DRINKING(2)	CHRONIC DRINKING(3)	DRINKING AND DRIVING(4)	TOTAL NUMBER(5)
FEMALES				
18-24 Years	25.5	6.5	4.4	105
25-34 Years	13.7	0.8	4.5	222
35-44 Years	11.2	1.7	-	218
45-54 Years	2.6	1.5	-	119
55-64 Years	2.5	0.4	-	145
65 Years and Older	1.7	0.6	-	250
All Females	9.3	1.7	1.5	1,059
MALES				
18-24 Years	44.5	15.5	11.4	74
25-34 Years	46.8	9.8	9.1	199
35-44 Years	36.1	9.5	7.0	162
45-54 Years	25.8	10.7	4.9	94
55-64 Years	23.9	13.3	1.0	97
65 Years and Older	9.0	4.9	0.4	129
All Males	32.6	10.5	6.1	755
TOTAL	20.2	5.8	3.7	1,814

(1)Percentages were calculated using weighted data.

(2)Acute drinking includes persons who had five or more alcoholic drinks on one or more occasions in the past month.

(3)Chronic drinking includes persons who had 60 or more alcoholic drinks in the past month.

(4)Drinking and driving includes persons who reported that they had driven after having perhaps too much to drink at least one time during the past month.

(5)Total numbers are unweighted data.

TABLE B.4

ALCOHOL RISK FACTORS BY RACE, EDUCATION, AND INCOME,
PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT(1) WHO ARE AT RISK FOR: ACUTE DRINKING(2)	CHRONIC DRINKING(3)	DRINKING AND DRIVING(4)	TOTAL NUMBER(5)
RACE				
Blacks, not of Hispanic Origin	12.6	6.8	3.9	135
Whites, not of Hispanic Origin	20.4	5.6	3.7	1,632
EDUCATION				
Less than High School	13.3	5.0	0.5	312
High School Graduate	19.8	7.1	3.9	738
Technical School	25.0	6.7	6.7	71
Some College	23.7	5.5	3.8	276
College Graduate	27.6	3.9	6.9	264
Post Graduate	14.8	3.6	1.6	150
HOUSEHOLD INCOME				
Less than $10,000	16.3	3.2	1.2	265
$10,000-$20,000	19.0	7.2	3.9	394
$20,000-$35,000	22.4	6.2	5.6	485
$35,000 or More	25.8	7.0	3.8	485

(1)Percentages were calculated using weighted data.

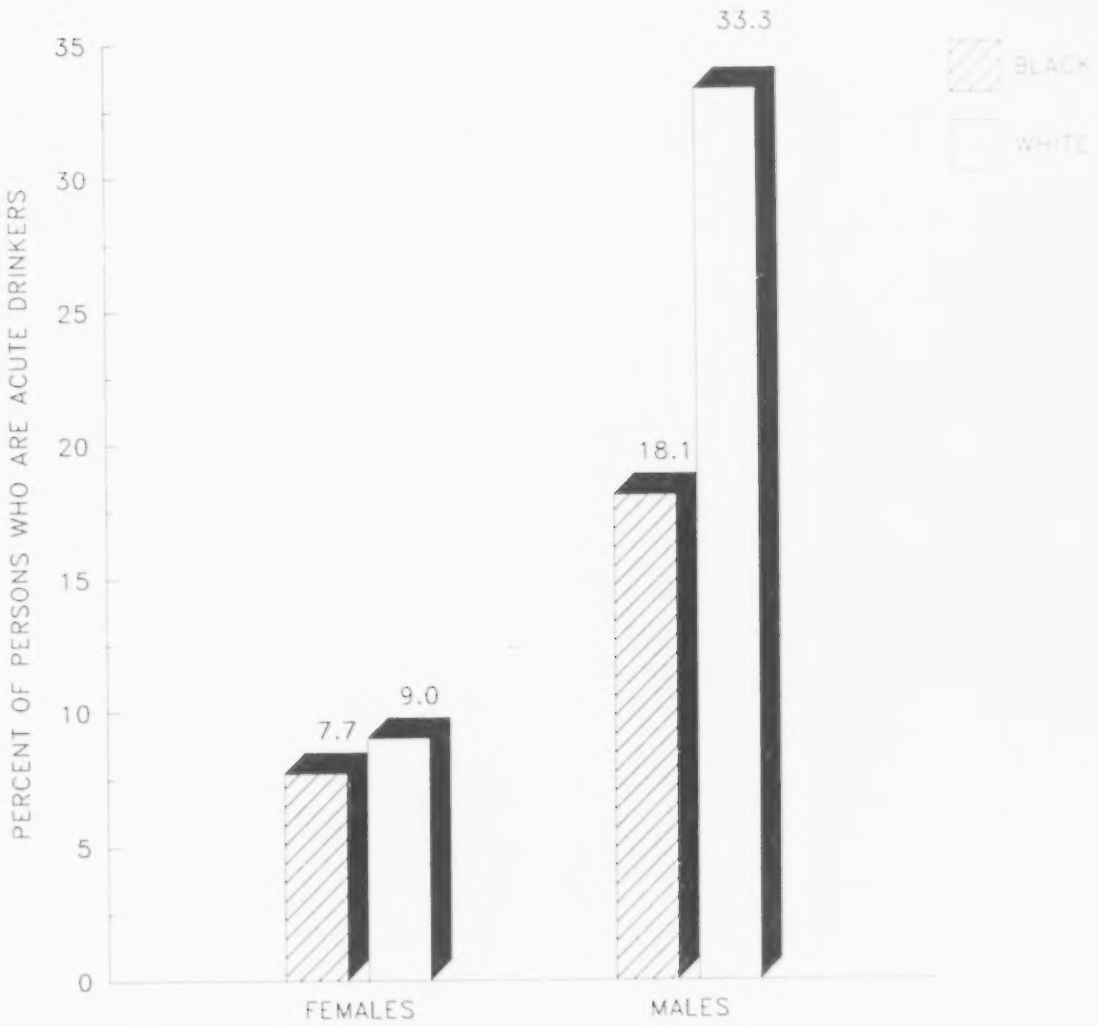
(2)Acute drinking includes persons who had five or more alcoholic drinks on one or more occasions in the past month.

(3)Chronic drinking includes persons who had 60 or more alcoholic drinks in the past month.

(4)Drinking and driving includes persons who reported that they had driven after having perhaps too much to drink at least one time during the past month.

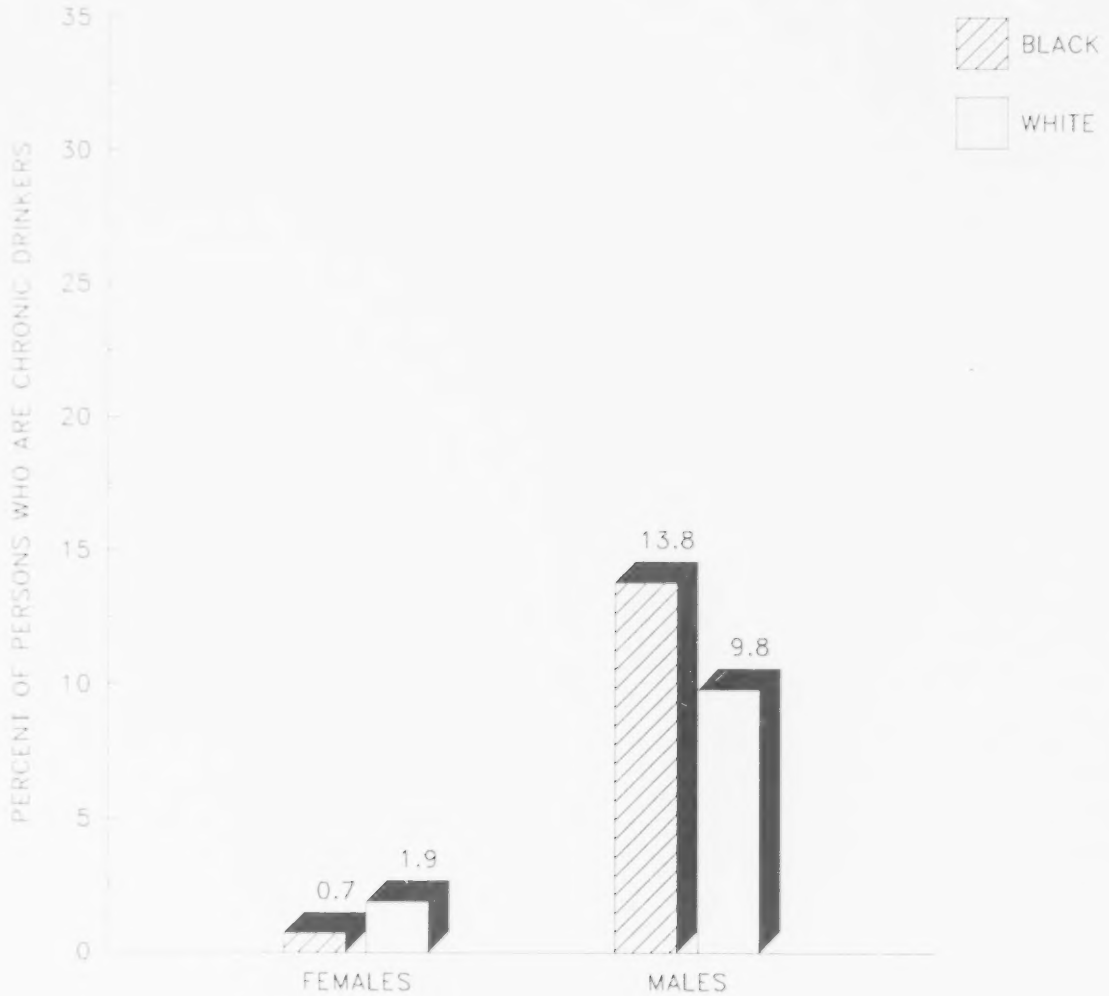
(5)Total numbers are unweighted data.

FIGURE B.1 PERSONS WHO ARE ACUTE DRINKERS, PERCENT BY SEX AND RACE, PENNSYLVANIA, 1989



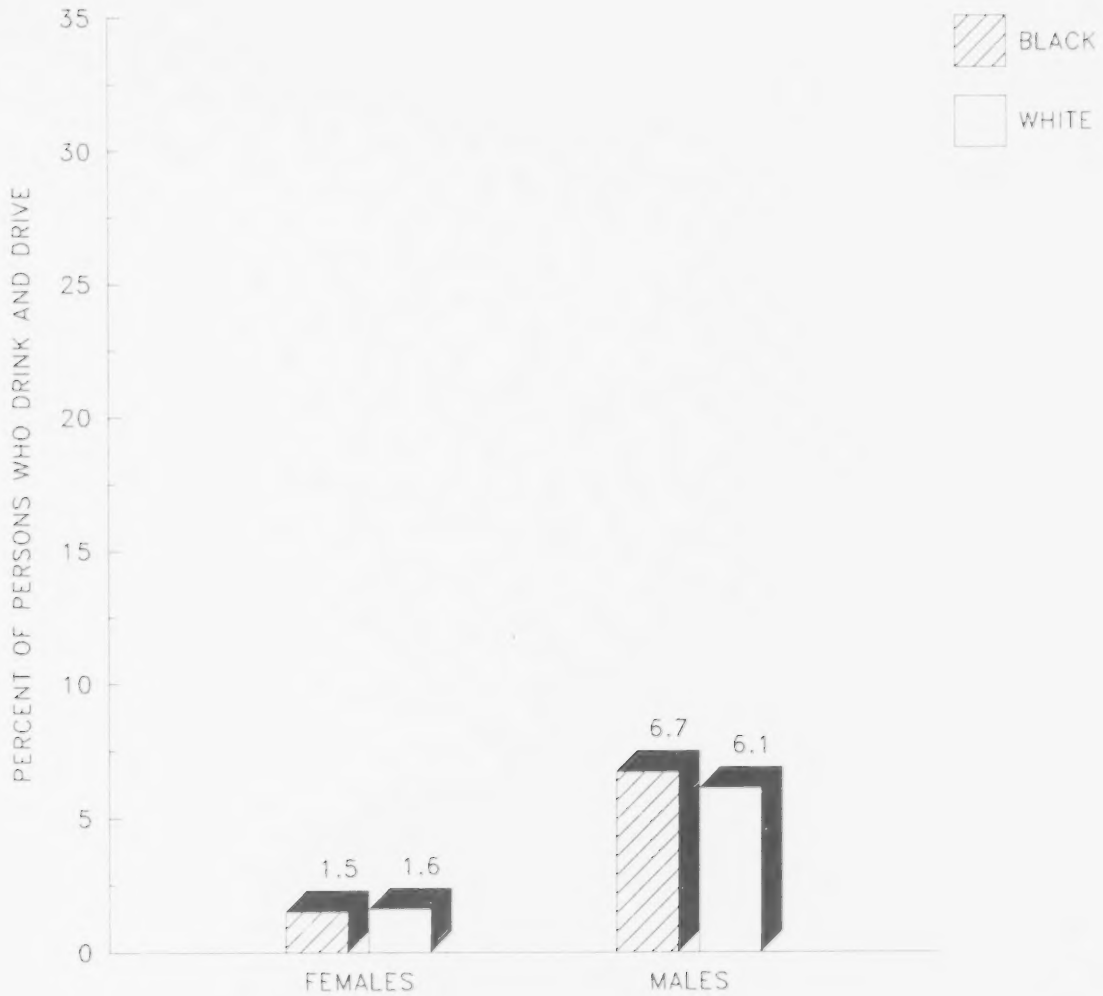
ACUTE DRINKERS INCLUDES PERSONS WHO HAD FIVE OR MORE ALCOHOLIC DRINKS ON ONE OR MORE OCCASIONS IN THE PAST MONTH.

FIGURE B.2 PERSONS WHO ARE CHRONIC DRINKERS, PERCENT BY SEX AND RACE, PENNSYLVANIA, 1989



CHRONIC DRINKERS INCLUDES PERSONS WHO HAD SIXTY OR MORE ALCOHOLIC DRINKS IN THE PAST MONTH.

FIGURE B.3 PERSONS WHO DRINK AND DRIVE, PERCENT BY SEX AND RACE, PENNSYLVANIA, 1989



PERSONS WHO DRINK AND DRIVE INCLUDES THOSE WHO HAD DRIVEN AFTER HAVING TOO MUCH TO DRINK AT LEAST ONE TIME DURING THE PAST MONTH.

WEIGHT CONTROL

Nutrition, Diet, and Weight Control

Nutrition plays a fundamental role in the promotion of health, in the prevention of disease, and in the restoration of health following injury or illness. Findings of the 1989 Surgeon General's Report on Nutrition and Health document the importance of diet to health and indicate that changes in current dietary practices of Americans could result in better health of the population. The Report concludes that "overconsumption of certain dietary components is a major concern of most Americans." There appears to be widespread concern about the disproportionate consumption of foods high in fat.

Overweight and obesity are the most prevalent diet-related problems in the United States. According to NCHS, obesity affects about 34 million adults ages 20 to 74, with the highest rates among poor and minority groups. Despite the fact that millions of dollars are spent annually in the U.S. for treating overweight and obesity, the incidence and degrees of these conditions have increased in recent years.

The health consequences of obesity/overweight are many. As weight increases above desirable levels, health risks increase. Body weights above 100 to 109 percent of desirable are associated with increased morbidity and mortality from heart disease, cancer, diabetes, hypertension, and digestive diseases. Obesity worsens existing illnesses and puts stress on the body. The excess fatty tissue crowds the organs and reduces their efficiency. Overweight/obesity may aggravate the symptoms or progression of several diseases such as arthritis. Extreme obesity can cause life-threatening interference with respiration.

Weight control is a matter of balancing the energy intake of foods eaten with the energy needs of the body. When caloric input exceeds expenditure, the extra energy is stored as fat. The overweight/obese individual must attain the desirable weight and maintain that weight for the rest of his/her life. To accomplish these goals, a reduction in caloric intake and an increase in physical activity are necessary.

Prevalence of Overweight in Pennsylvania

Table C.1 shows the weight status of Pennsylvania adults. For the purpose of this survey, CDC defined overweight as being at or above 120 percent of the mid-value of the ideal weight range for medium-frame person as established by the 1959 Metropolitan Life Insurance Company Height-Weight Tables. Underweight includes individuals who are greater than 10 percent below these standards.

Overall, 31 percent of Pennsylvania adults were overweight, while 8 percent of adults were underweight. Very little difference was found between males and females in the prevalence of overweight. Using the same definition of overweight but the 1983 Metropolitan desirable height/weight ratios as a standard, the 1985 National Household Interview Survey found slightly higher rates of overweight among U.S. adult males compared to females.

Females 55 years of age and older had the highest rates of overweight, while males aged 35 to 64 had the highest rates of overweight.

Overweight Status by Race, Education, and Income

The prevalence of overweight using both the Metropolitan standards and the Body Mass Index is shown in Table C.2. The Body Mass Index yields slightly lower prevalence rates; however, the relationship between the risk of being overweight and various demographic characteristics is the same regardless of the ideal weight standard which was used. People with less household income and less education had higher rates of overweight.

The relationship between overweight and race and sex is shown in Figures C.1. and C.2. White males were slightly more likely to be overweight than Black males, while Black females were more overweight than White females. Black females were especially at risk for being overweight, with over 40 percent being overweight.

Perceptions of Overweight

To determine how adults perceive their weight, all respondents were asked if they considered themselves to be overweight, underweight, or about average. As shown in Table C.3, a larger proportion of adults (37 percent) considered themselves to be overweight when compared to the actual prevalence of the problem. Women were more likely than men to consider themselves to be overweight.

Weight Control Attempts

All respondents were asked if they were currently trying to lose weight. Overall, 36 percent of adults reported that they were trying to lose weight, while 2 percent reported they were trying to gain weight (Table C.4). Women were more likely than men to indicate that they were trying to lose weight.

Those respondents who were not trying to lose or gain weight were asked if they were trying to maintain their current weight. Approximately 37 percent reported they were trying to keep from gaining weight (Table C.4).

Added together, people who were either trying to lose or maintain their weight were estimated to comprise close to three-fourths of all Pennsylvania adults, based on this survey.

Those who were trying to lose weight were asked when they began their current attempt to lose weight. Over half of the current weight-loss attempts were begun within the past three months (Table C.5).

Weight Reduction and Control Methods

All respondents who were trying to lose or maintain their weight were queried about the types of methods they were using to reduce or control their weight (Table C.6). Close to two-thirds of those who were trying to lose or maintain their weight were eating fewer calories, with women being slightly more likely to do so than men.

Those respondents who reported eating fewer calories to lose weight were asked if they counted calories and how many calories were being eaten per day. Most people reported that they did not count calories (Table C.7). Of those who were eating fewer calories, only 14 percent report eating 1,200 or fewer calories per day.

Modifying dietary practices including eating fewer calories is recommended for weight control in combination with appropriate levels of physical activity or exercise. Using physical activity to lose or control weight was the second most commonly reported method--used by slightiy over half of those trying to lose or control their weight.

Participating in an organized weight control program and taking special weight loss supplements were reported by 4 percent of those who were trying to lose or control their weight. These findings are somewhat difficult to interpret because many organized weight control programs are based on sound nutrition and dietary practices while some may use unsafe and unproven methods.

Use of generally unproven or unsafe practices such as purging after eating, fasting for 24 hours or longer, and taking diet pills was reported by only a small percent of those who were trying to lose weight. Generally, women and younger adults (18-44 years old) were more likely to use these types of weight control practices.

Advice to Reduce Weight

All survey respondents except those who reported that they were trying to gain weight were asked if they had ever been advised by a doctor or other health professional to reduce weight. Out of all adults who are not trying to gain weight, 20 percent indicated that they had been advised to reduce weight (Table C.8). Older adults were more likely than younger adults to report receiving such advice.

Comment

According to the 1990 Objectives for the Nation, the prevalence of overweight should be reduced to 10 percent of adult men and 17 percent of adult women. Pennsylvania's prevalence of overweight exceeded the national objective for both men and women. The prevalence of overweight was especially high in Black women. Other subgroups at risk were those with less income and education.

TABLE C.1

WEIGHT STATUS BY SEX AND AGE, PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT* WHO WERE: UNDER WEIGHT(1)	IDEAL WEIGHT TO MODERATELY OVERWEIGHT(2)	OVERWEIGHT(3)	TOTAL NUMBER**
FEMALES				
18-24 Years	22.3	58.2	14.7	105
25-34 Years	19.0	52.2	26.2	222
35-44 Years	5.3	58.4	30.6	218
45-54 Years	3.1	61.2	33.6	119
55-64 Years	4.7	44.9	47.4	145
65 Years and Older	10.7	47.5	36.6	250
All Females	11.3	53.2	31.5	1,059
MALES				
18-24 Years	8.3	72.3	17.2	74
25-34 Years	5.3	67.1	27.1	199
35-44 Years	1.3	61.9	36.5	162
45-54 Years	-	57.5	42.5	94
55-64 Years	1.5	63.4	35.1	97
65 Years and Older	4.9	69.1	25.1	129
All Males	3.7	65.5	30.1	755
TOTAL	7.7	58.9	30.8	1,814

The standard for ideal weight is the mid-value of the range of weights for a medium-frame person as contained in the 1959 Metropolitan Height-Weight Tables.

(1) Greater than 10 percent below ideal weight.
(2) Within 10 percent below ideal weight to 19.9 percent above ideal weight.
(3) Twenty percent or more above ideal weight.

*Percentages were calculated using weighted data. Percentages may not add to 100 due to unknowns and rounding.
**Total numbers are unweighted data.

TABLE C.2

OVERWEIGHT BY SEX, AGE, RACE, EDUCATION, AND INCOME, PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT(1) OVERWEIGHT BASED ON: IDEAL WEIGHT(2)	BODY MASS INDEX(3)	TOTAL NUMBER(4)
SEX			
Female	31.5	27.1	1,059
Male	30.1	26.0	755
AGE			
18-24 Years	16.0	13.8	179
25-34 Years	26.6	22.6	421
35-44 Years	33.4	28.5	380
45-54 Years	37.8	31.1	213
55-64 Years	41.7	38.4	242
65 Years and Older	32.1	27.6	379
RACE			
Black, not of Hispanic origin	38.0	33.7	135
White, not of Hispanic origin	30.4	26.0	1,632
EDUCATION			
Less than High School	41.4	38.3	312
High School Graduate	34.0	28.5	738
Technical School	27.2	23.8	71
Some College	22.5	18.1	276
College Graduate	22.5	19.3	264
Post Graduate	23.7	21.5	150
HOUSEHOLD INCOME			
Less than $10,000	32.3	30.1	265
$10,000-$20,000	34.6	30.4	394
$20,000-$35,000	32.0	27.1	485
$35,000 or More	27.5	22.6	485
TOTAL	30.8	26.5	1,814

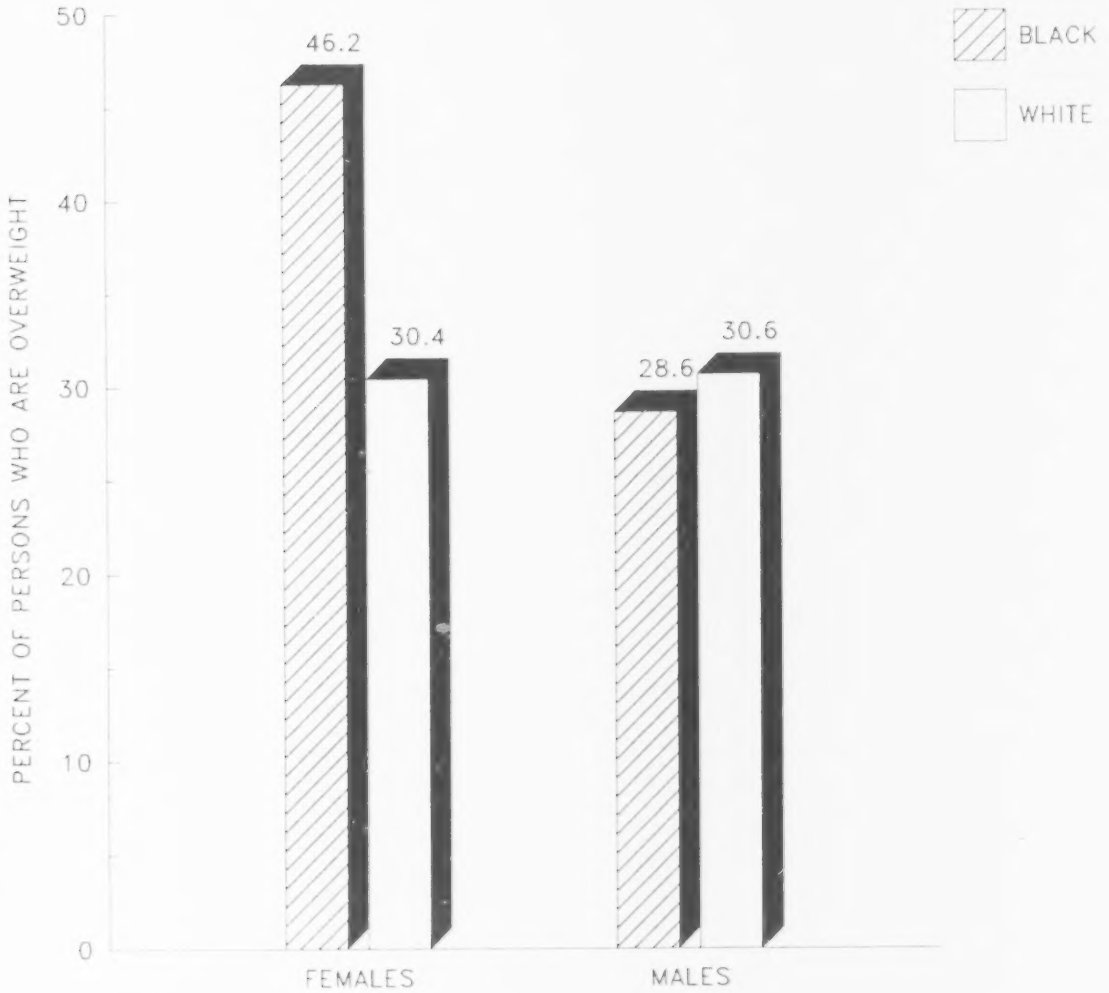
(1)Percentages were calculated using weighted data.

(2)Twenty percent or more above the mid-value for a medium-frame person as shown in the 1959 Metropolitan Height-Weight Table.

(3)Body Mass Index (BMI) is weight in kilograms divided by height in meters squared. Females with a BMI greater than or equal to 27.3 and males with a BMI greater than or equal to 27.8 are considered overweight.

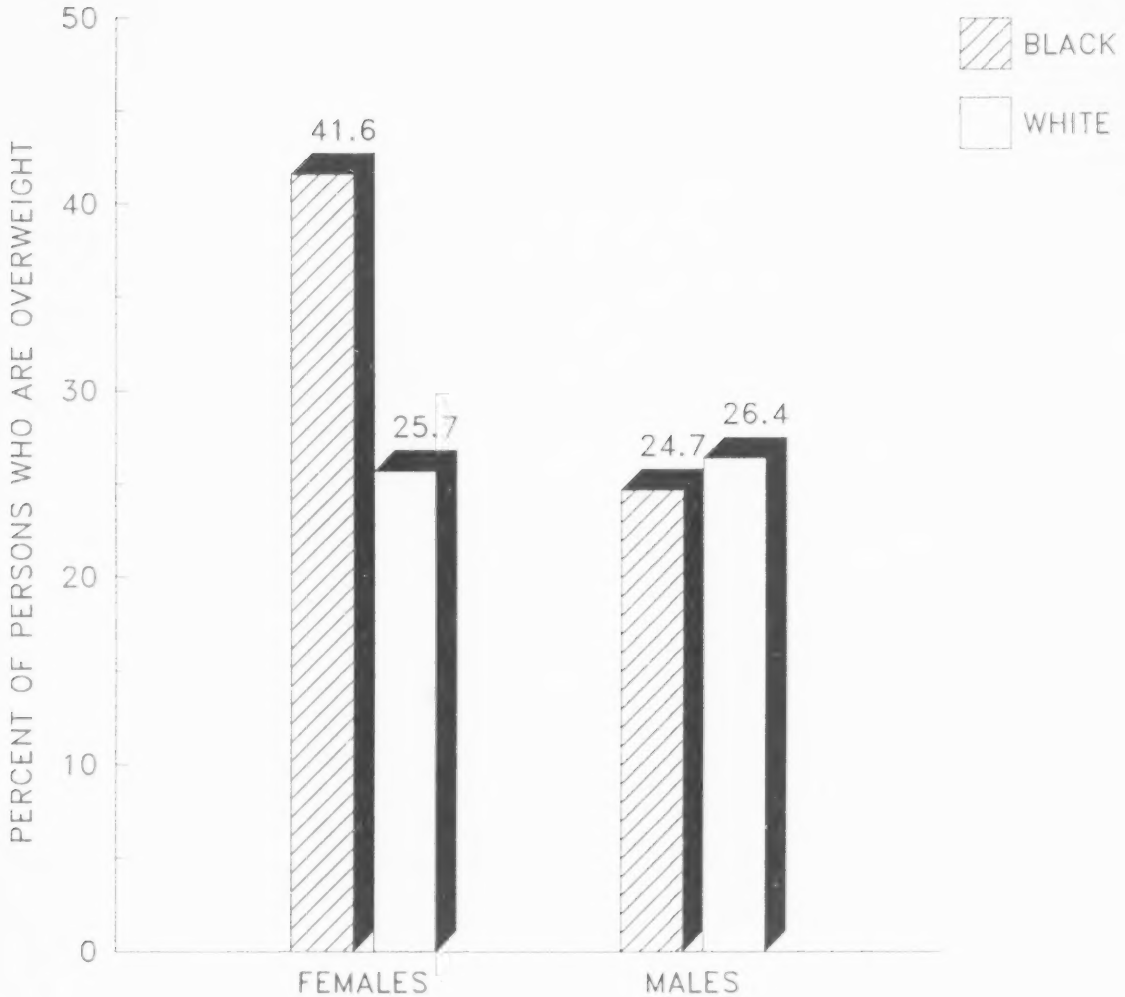
(4)Total numbers are unweighted data.

FIGURE C.1 OVERWEIGHT PERSONS (ACCORDING TO THE 1959 METROPOLITAN HEIGHT–WEIGHT TABLES), PERCENT BY SEX AND RACE, PENNSYLVANIA, 1989



OVERWEIGHT INCLUDES PERSONS WHO WERE 20 PERCENT OR MORE ABOVE DESIRABLE WEIGHT (BASED ON THE 1959 METROPOLITAN HEIGHT–WEIGHT TABLES).

FIGURE C.2 OVERWEIGHT PERSONS (ACCORDING TO BODY MASS INDEX*), PERCENT BY SEX AND RACE, PENNSYLVANIA, 1989



*OVERWEIGHT INCLUDES MALES WITH A BODY MASS INDEX (WEIGHT IN KILOGRAMS DIVIDED BY HEIGHT IN METERS SQUARED) GREATER THAN OR EQUAL TO 27.8 AND FEMALES WITH A BODY MASS INDEX GREATER THAN OR EQUAL TO 27.3.

TABLE C.3

PERCEIVED WEIGHT STATUS BY SEX AND AGE, PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT* WHO CONSIDERED SELF TO BE: OVERWEIGHT	UNDERWEIGHT	AVERAGE	TOTAL NUMBER**
FEMALES				
18-24 Years	28.5	3.7	66.7	105
25-34 Years	33.9	6.8	59.3	222
35-44 Years	52.1	2.1	45.8	218
45-54 Years	52.3	2.2	44.4	119
55-64 Years	50.8	2.2	47.0	145
65 Years and Older	37.3	6.2	55.0	250
All Females	41.7	4.2	53.5	1,059
MALES				
18-24 Years	10.5	7.7	81.7	74
25-34 Years	30.0	8.5	61.5	199
35-44 Years	38.4	1.6	60.0	162
45-54 Years	45.3	1.4	53.3	94
55-64 Years	39.7	5.0	55.3	97
65 Years and Older	29.3	3.1	67.6	129
All Males	31.7	4.8	63.5	755
TOTAL	37.0	4.5	58.2	1,814

*Percentages were calculated using weighted data. Percentages may not add to 100 due to rounding and unknowns/refusals.

**Total numbers are unweighted data.

TABLE C.4

PERSONS TRYING TO LOSE, MAINTAIN,
OR GAIN WEIGHT BY SEX AND AGE, PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT(1) OF PERSONS WHO WERE: TRYING TO LOSE WEIGHT(2)	TRYING TO MAINTAIN WEIGHT(3)	TRYING TO GAIN WEIGHT(4)	TOTAL NUMBER(5)
FEMALES				
18-24 Years	39.6	39.1	-	105
25-34 Years	45.3	28.4	2.7	222
35-44 Years	57.0	31.7	0.5	218
45-54 Years	52.6	38.0	-	119
55-64 Years	46.6	35.7	0.4	145
65 Years and Older	30.8	33.7	4.4	250
All Females	44.5	33.9	1.6	1,059
MALES				
18-24 Years	18.0	43.1	7.2	74
25-34 Years	25.5	37.2	2.3	199
35-44 Years	32.0	43.7	1.0	162
45-54 Years	30.4	42.8	1.4	94
55-64 Years	34.6	40.5	1.0	97
65 Years and Older	23.0	43.8	1.3	129
All Males	27.0	41.6	2.4	755
TOTAL	36.3	37.4	2.0	1,814

(1)Percentages were calculated using weighted data.

(2)Persons who were trying to lose weight.

(3)Persons who were not trying to lose weight but were trying to maintain current weight.

(4)Persons who were not trying to lose weight but were trying to gain weight.

(5)Total numbers are weighted data.

TABLE C.5

PERSONS TRYING TO LOSE WEIGHT BY RECENCY OF CURRENT ATTEMPT TO LOSE WEIGHT, SEX, AND AGE, PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT* OF PERSONS WHO BEGAN THEIR CURRENT ATTEMPT TO LOSE WEIGHT: WITHIN LAST THREE MONTHS	MORE THAN THREE MONTHS AGO	NUMBER** TRYING TO LOSE WEIGHT
SEX			
Female	52.8	46.5	471
Male	57.6	41.1	211
AGE			
18-24 Years	73.0	26.9	62
25-34 Years	63.9	36.1	147
35-44 Years	61.6	37.8	175
45-54 Years	47.6	50.4	94
55-64 Years	46.6	53.0	100
65 Years and Older	30.8	66.6	104
TOTAL	54.5	44.6	682

*Percentages were calculated using weighted data. Percentages may not add to 100 due to rounding and unknowns.

**Unweighted number of persons who were trying to lose weight.

TABLE C.6

PERSONS TRYING TO LOSE OR MAINTAIN WEIGHT BY WEIGHT CONTROL METHODS USED, SEX, AND AGE, PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT* OF PERSONS WHO WERE USING THE FOLLOWING METHODS TO LOSE OR MAINTAIN WEIGHT: PHYSICAL ACTIVITY OR EXERCISE	EATING FEWER CALORIES	ORGANIZED WEIGHT CONTROL PROGRAM	SPECIAL PRODUCTS	DIET PILLS	FASTING	VOMITING	NUMBER**
FEMALES								
18-24 Years	69.9	72.8	1.9	7.5	3.3	8.9	1.4	85
25-34 Years	69.0	68.0	4.7	9.7	2.7	2.5	-	165
35-44 Years	61.6	75.3	9.5	7.6	2.0	4.0	-	193
45-54 Years	56.6	73.0	10.3	3.9	-	1.6	-	106
55-64 Years	40.7	67.6	4.5	4.0	1.8	2.5	-	117
65 Years or Older	25.7	64.9	1.8	1.8	-	2.3	-	160
All Females	54.0	70.2	5.5	5.9	1.6	3.5	0.2	826
MALES								
18-24 Years	53.6	46.7	4.2	4.9	-	-	2.5	48
25-34 Years	64.5	55.8	0.8	1.3	1.7	1.4	0.8	122
35-44 Years	51.5	63.5	2.1	2.5	0.4	3.6	-	121
45-54 Years	47.6	52.5	1.3	2.9	-	1.3	-	68
55-64 Years	42.8	62.4	1.3	-	1.3	-	-	73
65 Years or Older	38.1	60.9	3.3	1.3	-	0.7	2.0	85
All Males	50.6	57.4	2.1	2.1	0.6	1.3	0.8	517
TOTAL	52.5	64.6	4.0	4.2	1.2	2.6	0.5	1,343

*Percentages were calculated using weighted data.

**Unweighted number of respondents who reported they were either trying to lose weight or trying to keep from gaining weight.

TABLE C.7

PERSONS WHO WERE EATING
FEWER CALORIES TO LOSE OR MAINTAIN WEIGHT
BY CALORIE COUNTING, SEX, AND AGE, PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT* OF PERSONS WHO: DON'T COUNT CALORIES	COUNT CALORIES AND EAT MORE THAN 1,200 CALORIES/DAY	COUNT CALORIES AND EAT 1,200 OR FEWER CALORIES/DAY	NUMBER**
SEX				
Females	68.3	9.1	18.2	570
Males	78.0	8.8	8.2	306
AGE				
18-24 Years	76.7	8.9	11.3	84
25-34 Years	66.1	13.4	15.6	182
35-44 Years	69.1	9.7	18.3	218
45-54 Years	74.5	6.8	10.3	117
55-64 Years	69.7	7.2	17.6	123
65 Years and Older	79.0	6.6	11.0	152
TOTAL	72.0	9.0	14.4	876

*Percentages were calculated using weighted data. Percentages may not add to 100 due to unknowns and rounding.

**Unweighted number of persons who were eating fewer calories to lose or maintain weight.

TABLE C.8

PERSONS ADVISED TO REDUCE WEIGHT BY SEX AND AGE, PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT* OF PERSONS WHO WERE ADVISED TO REDUCE WEIGHT: YES	NO	NUMBER**
FEMALES			
18-24 Years	9.9	89.0	105
25-34 Years	13.2	86.8	217
35-44 Years	23.2	76.8	217
45-54 Years	23.3	76.7	119
55-64 Years	34.2	65.8	144
65 Years and Older	29.4	69.7	241
All Females	22.2	77.5	1,043
MALES			
18-24 Years	4.1	95.9	71
25-34 Years	10.2	89.8	194
35-44 Years	18.2	81.8	160
45-54 Years	26.2	73.8	93
55-64 Years	30.6	69.4	96
65 Years and Older	25.8	74.2	126
All Males	18.3	81.7	740
TOTAL	20.3	79.5	1,783

*Percentages were calculated using weighted data. Percentages may not add to 100 due to rounding and unknowns.

**Numbers are unweighted data. These numbers include all respondents except those who reported that they were trying to gain weight.

EXERCISE

Health Consequences of Physical Inactivity

Most health authorities agree that the consequences of massive physical inactivity among youth, adults and seniors are serious. They include, among other things:

*The high incidence of obesity, which is a risk factor for cardiovascular disease, hypertension, stroke, adult-onset diabetes, and osteoporosis.

*The premature loss of strength and mobility by many older persons.

*The early onset of mild hypertension in relatively young persons.

*The high incidence of low-back pain and disability due to weak musculature and resulting poor posture.

Regular, vigorous exercise is widely recognized today as an effective means of preserving and enhancing health. Among its documented benefits are the prevention and/or control of obesity and high blood pressure. Regular, vigorous exercise has also been shown to increase the plasma level of high density lipoprotein, which is associated with reduced risk of cardiovascular disease.

Many studies of coronary heart disease have shown an association between a high level of physical activity and a low incidence of the disease. Exercise may therefore reduce the likelihood of death or disability due to a heart attack. Apart from its possible life-saving effects, exercise is vital for all, including elderly and the chronically ill, who need to make the most of their reduced potential for physical involvement in life.

Prevalence of Sedentary Lifestyle in Pennsylvania

The prevalence of sedentary lifestyle was estimated by the percentage of persons who reported either no physical activity/exercise in the past month or they reported a level of physical activity of less than three times per week and/or less than 20 minutes per occasion. An estimated 57 percent of Pennsylvania adults are at risk due to sedentary lifestyles, as shown in Table D.1. The prevalence of sedentary lifestyle was similar in males compared to females. The Pennsylvania survey found that the percentage of adults who are sedentary rose with increasing age.

Race, Education, and Income

The prevalence of sedentary lifestyle was highest among Blacks, people without high school educations and those with annual household incomes of less than $10,000. This finding is similar to the national surveys which show that people with fewer years of school and lower incomes are less likely to exercise or play sports on a regular basis.

Figure D.1 compares the risk of sedentary lifestyles in Black and White males and females. As shown here, the risk of sedentary lifestyle is highest among Blacks of both sexes. Close to two-thirds of all Blacks are at risk for sedentary lifestyles.

Regular, Vigorous Exercise to Meet 1990 Objectives for the Nation

The 1990 Objectives for the Nation specify that more than 60 percent of adults 18 to 65 should participate regularly in vigorous physical exercise. The Objectives also state that 50 percent of adults 65 years of age and older should be engaging in appropriate physical activity, such as regular walking, swimming, or other aerobic activity. To determine whether or not we are meeting the 1990 Objectives relative to physical activity and exercise, CDC defined an ideal level of physical activity as that which produces moderate to high levels of cardio-respiratory fitness and, therefore, has the following four characteristics: (1) rhythmic contraction of large muscle groups; (2) intensity that requires 60 percent or more of maximal aerobic capacity; (3) frequency of three or more sessions per week; and (4) duration of 20 minutes or more per session.

Table D.2 shows the proportion of adults who are exercising regularly and vigorously at a level sufficient to meet the 1990 Objectives. Less than 8 percent of all adults exercised at this level.

Most Common Physical Activities

When asked which type of physical activity or exercise they spent the most time doing during the past month, most women (65 percent) indicated walking as the activity they spent most time doing. Walking was also the most frequently mentioned physical activity among men although it was not mentioned nearly as often. Other frequently mentioned activities among women were aerobic classes and yard work. Among men, yard work was also mentioned frequently as were bicycling and running.

Comment

Few Pennsylvania adults are meeting the 1990 Objectives for the Nation of participating in regular, vigorous exercise. Over half of all adults do not exercise at least three times a week for 20 minutes or more. Older adults, people with less education and income, and Blacks are most likely to be sedentary.

TABLE D.1

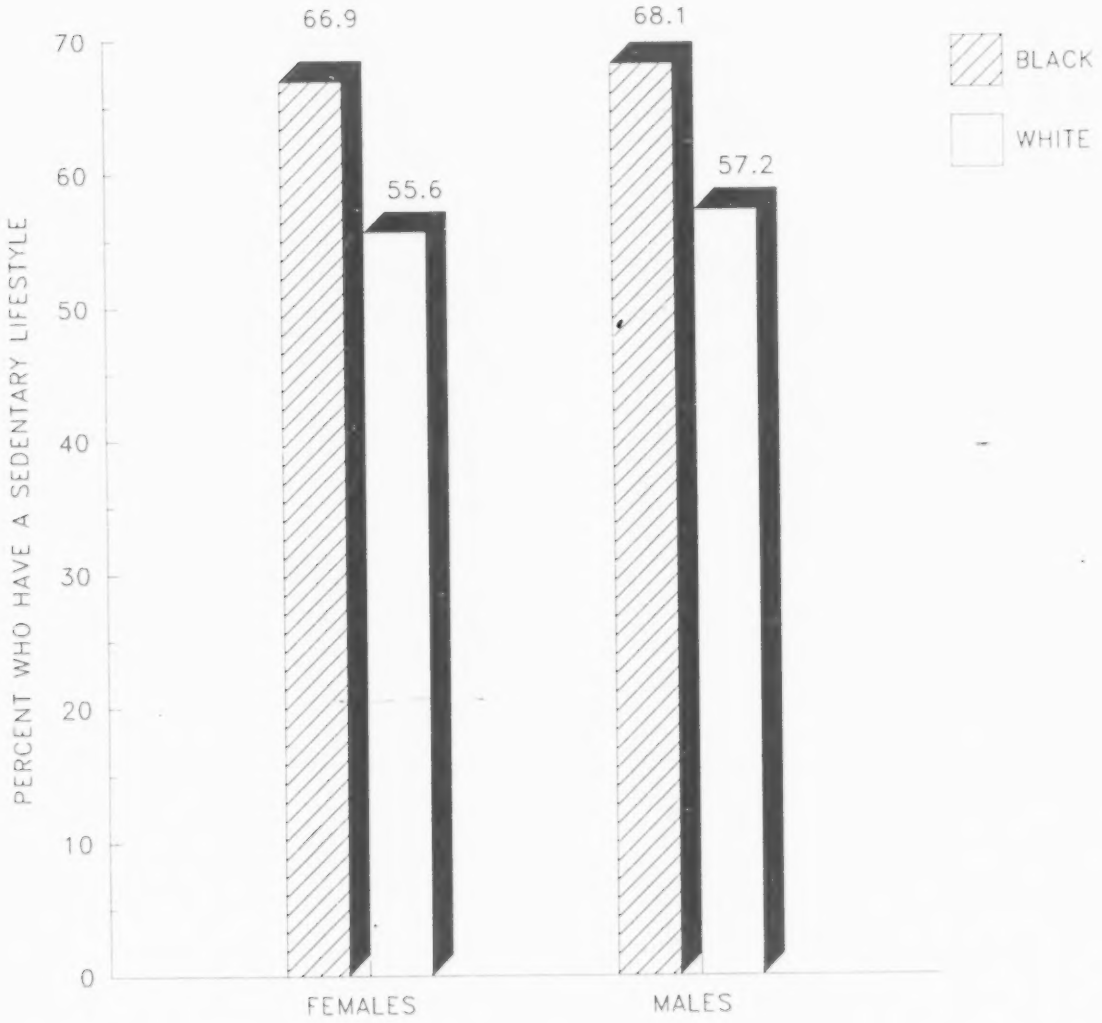
SEDENTARY LIFESYTLE BY SEX, AGE, RACE, EDUCATION, AND INCOME, PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT* AT RISK FOR SEDENTARY LIFESTYLE: AT RISK	NOT AT RISK	TOTAL NUMBER**
SEX			
Females	56.8	43.2	1,059
Males	57.6	42.3	755
AGE			
18-24 Years	47.9	52.1	179
25-34 Years	54.3	45.7	421
35-44 Years	55.3	44.3	380
45-54 Years	57.2	42.8	213
55-64 Years	58.5	41.5	242
65 Years and Older	68.5	31.5	379
RACE			
Black, not of Hispanic origin	67.5	32.5	135
White, not of Hispanic origin	56.3	43.6	1,632
EDUCATION			
Less than High School	72.9	27.1	312
High School Graduate	57.9	41.9	738
Technical School	67.7	32.3	71
Some College	50.6	49.4	276
College Graduate	48.0	52.0	264
Post Graduate	41.8	58.2	150
HOUSEHOLD INCOME			
Less than $10,000	68.0	32.0	265
$10,000-$20,000	57.8	41.8	394
$20,000-$35,000	54.7	45.3	485
$35,000 or More	51.2	48.7	485
TOTAL	57.2	42.7	1,814

*Percentages were calculated using weighted data. Percentages do not add to 100 due to rounding and to refusals or unknowns in response to questions.

**Total numbers are weighted data.

FIGURE D.1 PERSONS WHO HAVE A SEDENTARY LIFESTYLE, PERCENT BY SEX AND RACE, PENNSYLVANIA, 1989



PERSONS WHO HAVE A SEDENTARY LIFESTYLE ARE THOSE WHO EXERCISED LESS THAN 3 TIMES PER WEEK AND/OR LESS THAN 20 MINUTES PER OCCASION.

TABLE D.2

PHYSICAL ACTIVITY LEVELS BY SEX AND AGE,
PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT* OF PERSONS WHO HAD: NO PHYSICAL ACTIVITY(1)	IRREGULAR PHYSICAL ACTIVITY(2)	REGULAR PHYSICAL ACTIVITY(3)	ACTIVITY AT LEVEL TO MEET 1990 OBJECTIVE(4)	TOTAL NUMBER**
FEMALES					
18-24 Years	18.1	30.1	50.7	1.1	185
25-34 Years	15.9	33.9	45.0	5.2	222
35-44 Years	28.3	23.7	45.3	2.8	218
45-54 Years	23.5	27.0	35.5	14.0	119
55-64 Years	31.5	29.1	24.0	15.4	145
65 Years or Older	53.7	20.4	15.8	10.1	250
All Females	29.7	27.1	35.3	7.8	1,059
MALES					
18-24 Years	14.3	33.3	50.8	1.5	74
25-34 Years	24.3	34.7	37.4	3.6	199
35-44 Years	19.5	39.2	34.6	5.7	162
45-54 Years	31.1	33.4	23.3	12.3	94
55-64 Years	27.0	28.9	34.1	10.0	97
65 Years or Older	36.3	23.5	27.5	12.7	129
All Males	25.0	32.6	35.1	7.1	755
TOTAL	27.5	29.7	35.2	7.5	1,814

*Percentages were calculated using weighted data. Percentages may not add to 100 due to rounding and to refusals or unknowns in response to questions.

**Total numbers are weighted data.

(1)Persons who reported no physical activities or exercise in past month.

(2)Persons who reported engaging in physical activities or exercise of less than 20 minutes per occasion and/or less than 3 times per week.

(3)Persons who reported engaging in a physical activity or pair of physical activities for 20 minutes or more per occasion and 3 or more times per week but less than a level sufficient to meet the 1990 Objective for vigorous exercise (i.e., activities that did not require rhythmic contraction of large muscle groups at 60 percent of functional capacity).

(4)Persons who reported engaging in a physical activity or pair of physical activities that require rhythmic contraction of large muscle groups at 60 percent of functional capacity for 20 or more minutes per occasion 3 or more times per week.

TABLE D.3

TYPE OF PRIMARY PHYSICAL ACTIVITY PERFORMED BY PHYSICALLY ACTIVE PERSONS BY SEX, PENNSYLVANIA, 1989

TYPE OF ACTIVITY	PERCENT* OF PERSONS WHO PERFORMED A PARTICULAR PHYSICAL ACTIVITY: FEMALES	MALES	ALL PERSONS
Aerobics Class	8.5	0.8	4.8
Bicycling	1.7	4.8	3.2
Calisthenics	3.0	2.8	2.9
Home Exercise	1.3	1.1	1.2
Jogging	0.7	0.6	0.6
Running	1.6	6.4	3.9
Swimming	1.7	1.1	1.5
Tennis	1.1	3.2	2.1
Walking	65.1	37.7	51.9
Yard Work	5.0	9.6	7.2
All Others	10.0	31.7	20.5
TOTAL NUMBER**	730	558	1,288

*Percentages were calculated using weighted data. Percentage may not add to 100 due to rounding and unknowns/refusals.

**Total number (unweighted) of persons who participated in any physical activities or exercise during the month prior to the survey.

INJURY PREVENTION

Injury: A Major Public Health Problem

Injury is one of the most compelling public health problems we face today. One out of every four persons suffers a substantial injury each year. For every death, there are 16 persons hospitalized and 381 persons requiring ambulatory care or medical attention. It is estimated that injuries cost the American economy approximately $158 billion, or $2,772 per injured person.

Injury disproportionately affects the young. Residential fires are the leading cause of injury for children under the age of five. Motor vehicle injuries are the leading cause of death in the Commonwealth for persons under the age of 44. The elderly, age 75 or greater, are twelve times more likely to die from falls than all other ages combined.

Injuries are not random, freak accidents. Like diseases, injuries can be studied and prevented by eliminating and modifying personal behaviors.

Seatbelt Use by Pennsylvania Adults

In order to reduce their risk of injuries in the event of a motor vehicle crash, people must wear their seatbelts every time they ride or drive in a vehicle. As shown in Table E.1, 30 percent of Pennsylvania adults risk injury from motor vehicle crashes because they are not always using seatbelts when driving or riding in a car.

Lack of Seatbelt Use by Sex, Age, Race, Education and Income

Table E.2 and Figure E.1 demonstrate seatbelt usage by sex and race. Males and Blacks were less likely to always wear seatbelts when compared to females and Whites. Persons with annual household incomes of $10,000 to $20,000 and those with high school educations or less were more likely to be at risk for not using seatbelts when compared to other education and income groups.

Availability of a Working Smoke Detector in the Household

Table E.3 shows the proportion of persons who had a working smoke detector in their households by various demographic characteristics. In Pennsylvania, there was little difference in the prevalence of household smoke detectors by sex or race. Adults aged 35-44 years were most likely to have a smoke detector, while those over age 64 years were least likely to have a smoke detector.

Availability of a smoke detector was related to education and income levels. Those persons with the least years of schooling and the lowest incomes were least likely to have a working smoke detector in their household.

Use of a Thermometer to Test Hot Water Temperature

Reducing the temperature of hot water heaters to 120-125 degrees is a recommended method for preventing household tap water scalds. All persons in the Pennsylvania survey were asked if they or anyone in their household had used a thermometer to test the temperature of the hot water in the past twelve months. Table E.4 shows that only 7 percent of Pennsylvania adults reported that they or someone in their household had used a thermometer to test their hot water.

Awareness of Poison Control Center's Telephone Number

Poisonings occur more frequently with children, and the Poison Control Center is regarded as the first level of response used by many adults in seeking help for poisoning emergencies. All persons who had children ten years of age or younger living in their households were asked whether or not they had the telephone number for a Poison Control Center in their area. Table E.5 shows that 79 percent had the Poison Control Center's telephone number.

Availability of Ipecac Syrup

Syrup of Ipecac is the widely recommended antidote for reducing injury death from accidental poisoning. All persons who had children ten years of age or younger living in their households were told that Ipecac syrup was sometimes used to cause vomiting after something poisonous is swallowed and then they were asked if they had any Ipecac syrup. Overall, 36 percent of persons with childen ten years of age or younger had syrup of Ipecac. See Table E.5.

Use of Child Safety Seats or Seatbelts

Persons with children ten years of age or younger were asked how often their youngest child is buckled in a car safety seat or seatbelt when riding in a car. Table E.7 shows that overall, 77 percent of adults indicated the youngest child in their household was always buckled in a safety seat or seatbelt.

Comment

The 1990 Objectives for the Nation contain recommendations for reducing injuries caused by motor vehicle crashes, burns, and poisonings. Data from the Pennsylvania survey indicated that many adults and children under eleven years of age are at risk for motor vehicle crashes because they are not wearing safety belts on a regular basis. Some people are also at risk because their homes lack working smoke detectors. Certain groups - particularly those with less education and lower incomes - are more likely to be at risk because of the lack of protection from safety belts or smoke detectors.

TABLE E.1

SEATBELT USE BY SEX AND AGE,
PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT* WHO USE SEATBELTS: ALWAYS OR NEARLY ALWAYS	SOMETIMES	SELDOM	NEVER	NEVER RIDE IN A CAR	TOTAL NUMBER**
FEMALES						
18-24 Years	65.6	11.2	11.5	11.6	-	105
25-34 Years	79.6	11.1	3.9	4.9	-	222
35-44 Years	76.2	12.8	6.7	4.3	-	218
45-54 Years	69.5	15.2	7.0	7.6	0.8	119
55-64 Years	79.0	15.0	3.2	2.8	-	145
65 Years or Older	71.7	10.7	3.2	7.5	6.8	250
All Females	74.0	12.4	5.6	6.4	1.6	1,059
MALES						
18-24 Years	58.0	18.7	8.0	12.1	3.1	74
25-34 Years	60.6	13.1	12.5	13.0	0.8	199
35-44 Years	58.5	20.8	9.9	10.8	-	162
45-54 Years	61.4	22.9	6.8	8.9	-	94
55-64 Years	65.7	19.1	6.6	7.6	1.0	97
65 Years or Older	68.7	16.1	5.6	8.3	0.4	129
All Males	61.9	18.0	8.6	10.4	0.9	755
TOTAL	68.3	15.0	7.0	8.3	1.3	1,814

*Percentages were calculated using weighted data. Percentages may not add to 100 due to rounding and refusals or unknowns.

**Total numbers are unweighted data.

TABLE E.2

LACK OF SEATBELT USE BY RACE, EDUCATION, AND INCOME, PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT OF PERSONS AT RISK FOR LACK OF SEATBELT USE(1): AT RISK(2)	NOT AT RISK(3)	TOTAL NUMBER(4)
RACE			
Black, not of Hispanic Origin	37.0	63.0	135
White, not of Hispanic Origin	29.4	70.4	1,632
EDUCATION			
Less than High School	34.5	65.3	312
High School Graduate	37.3	62.7	738
Technical School	28.8	71.2	71
Some College	26.8	72.9	276
College Graduate	15.8	84.2	264
Post Graduate	14.6	85.4	150
HOUSEHOLD INCOME			
Less than $10,000	29.0	70.8	265
$10,000 - $20,000	39.6	60.3	394
$20,000 - $35,000	32.0	68.0	485
$35,000 or More	23.9	76.0	485
TOTAL	30.3	69.6	1,814

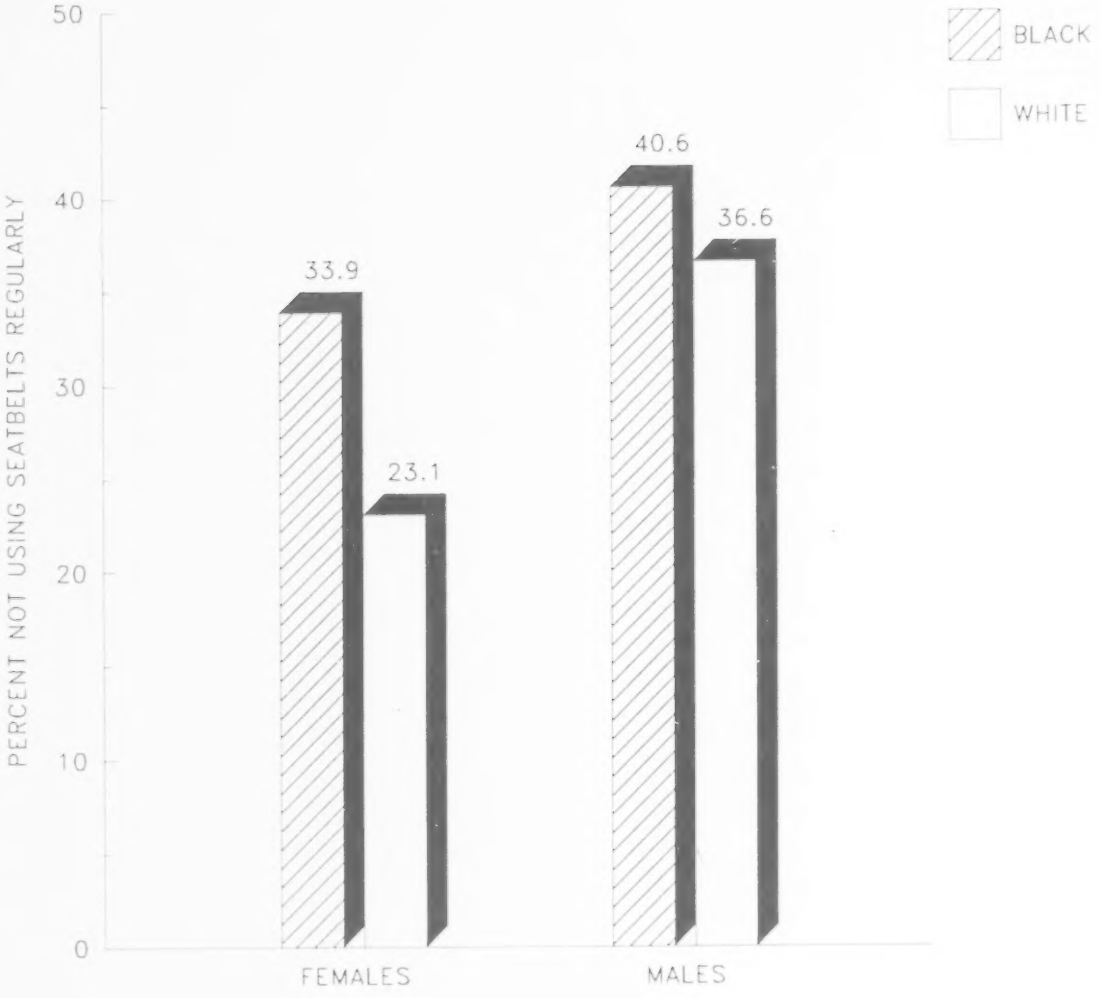
(1)Percentages were calculated using weighted data. Percentages may not add to 100 due to rounding and to refusals or unknowns.

(2)Includes persons who use seatbelts sometimes, seldom, or never when driving or riding in a car.

(3)Includes persons who never ride in cars and persons who always or nearly always use seatbelts when driving or riding in a car.

(4)Total numbers are unweighted data.

FIGURE E.1 PERSONS NOT USING SEATBELTS REGULARLY, PERCENT BY SEX AND RACE, PENNSYLVANIA, 1989



PERSONS NOT USING SEATBELTS REGULARLY INCLUDES THOSE WHO REPORTED THAT THEY "SOMETIMES", "SELDOM", OR "NEVER" USE SEATBELTS.

TABLE E.3

PERSONS WITH A WORKING SMOKE DETECTOR IN THEIR HOUSEHOLD
BY SEX, AGE, RACE, EDUCATION, AND
INCOME, PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT* OF PERSONS WITH WORKING SMOKE DETECTOR IN THE HOUSEHOLD: YES	NO	TOTAL NUMBER**
SEX			
Females	83.5	16.1	1,059
Males	83.7	16.0	755
AGE			
18-24 Years	82.9	17.0	179
25-34 Years	84.9	15.1	421
35-44 Years	90.0	10.0	380
45-54 Years	81.2	17.7	213
55-64 Years	82.6	17.2	242
65 Years or Older	79.1	20.0	379
RACE			
Black, not of Hispanic Origin	84.9	14.6	135
White, not of Hispanic Origin	83.8	15.9	1,632
EDUCATION			
Less than High School	75.0	23.6	312
High School Graduate	83.2	16.7	738
Technical School	87.9	12.1	71
Some College	88.9	10.9	276
College Graduate	87.2	12.7	264
Post Graduate	85.9	13.6	150
INCOME			
Less than $10,000	72.6	26.4	265
$10,000 - $20,000	77.0	23.0	394
$20,000 - $35,000	88.7	10.8	485
$35,000 or More	89.5	10.5	485
TOTAL	83.6	16.1	1,814

*Percentages were calculated using weighted data. Percentages do not add to 100 due to rounding and to unknowns/refusals.

**Total numbers are unweighted data.

TABLE E.4

USE OF THERMOMETER TO TEST HOT WATER TEMPERATURE BY SEX, AGE, RACE, EDUCATION, AND INCOME, PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT* OF PERSONS WHO HAD ANYONE IN THE HOUSEHOLD USE A THERMOMETER TO TEST THE TEMPERATURE OF THE HOT WATER: YES	NO	TOTAL NUMBER**
SEX			
Females	6.8	89.8	1,059
Males	6.2	93.3	755
AGE			
18-24 Years	11.2	84.1	179
25-34 Years	5.0	93.5	421
35-44 Years	7.3	92.1	380
45-54 Years	4.8	95.2	213
55-64 Years	5.8	94.0	242
65 Years or Older	5.8	89.7	379
TOTAL	6.6	91.4	1,814

*Percentages were calculated using weighted data. Percentages do not add to 100 due to rounding and to unknowns/refusals.

**Total numbers are unweighted data.

TABLE E.5

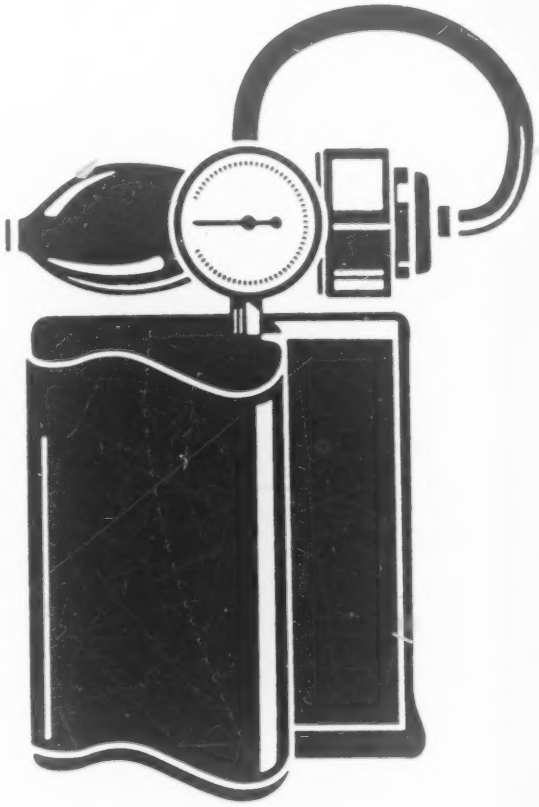
INJURY PREVENTION MEASURES, PENNSYLVANIA, 1989

INJURY PREVENTION MEASURE:	PERCENT* OF PERSONS RESPONDING: YES	NO	TOTAL NUMBER**
Have a telephone number for a Poison Control Center in their area.	79.1	18.5	447
Have Ipecac Syrup in their household	36.2	59.9	447
Have youngest child buckled in a car safety seat or seatbelt all of the time	76.7	22.4	447

*Percentages were calculated using weighted data. Percentages do not add to 100 due to rounding and to unknown/refusals.

**Total (unweighted) number of persons who have children ten years of age or under in their households.

HYPERTENSION



Health Consequences of High Blood Pressure

The terms hypertension and high blood pressure are synonymous terms for the same disease. By either description, the condition is both widespread and insidious. It is insidious because it has no symptoms. Unrecognized and untreated, it can have devastating consequences. It can cause a debilitating or fatal stroke, a heart attack or kidney failure. High blood pressure is implicated in a large percentage of the 50,000 heart disease and stroke deaths that occur each year in Pennsylvania. The cost of a single stroke or heart attack hospitalization can range from $60,000 to $75,000.

Though no cure exists, nor is there a way to prevent high blood pressure, the disease can be effectively controlled. The primary treatment has been life-long drug therapy which controls and reduces one's blood pressure and prevents damage to internal organs such as the heart and kidneys. As scientific knowledge has accumulated about the health risks of poor nutrition, obesity, and lack of exercise, many hypertensives have been able to reduce their daily dosages and even their need for continuing medications, through non-drug therapies.

Proportion of Pennsylvania Adults Who Had Ever Been Told That They Had High Blood Pressure

An estimated 24 percent of Pennsylvania adults have been told by a doctor, nurse, or other health professional that they had high blood pressure. As shown in Table F.1, there is little difference between males and females in the proportion of people who had ever been told they had high blood pressure.

Prevalence of Current Hypertension

CDC has defined current hypertensives as those persons who had been told that their blood pressure was high more than once, or those who are on medication to control their blood pressure, or those who report their blood pressure is "still high." This definition is intended to provide an estimate of known, diagnosed hypertensives in the population. It has been adopted by the National Heart, Lung, and Blood Institute.

Table F.1 shows that an estimated 20 percent of Pennsylvania adults were classified as current hypertensives. There was little difference between males and females, Blacks and Whites in the prevalence of current hypertension (Tables F.1 and F.2). Subgroups with the highest proportion of current hypertensives were people 65 years of age and older and those with the least income and years of education.

Uncontrolled Hypertension

When those persons who had ever been told that they had high blood pressure were asked if their blood pressure was normal, under control, or still high, fewer than 2 percent reported that their blood pressure was still high.

Comment

Data from the National Health and Nutrition Examination Survey provided estimates of the prevalence of high blood pressure based on actual measurements. This survey found gender and racial differences in the prevalence of hypertension (defined as the average of three blood pressure measurements of $\geq$ 140/90mm Hg taken on a single occasion or the reported taking of antihypertensive medication). Blacks and males were more likely to be hypertensive than Whites and females.

The 1985 National Household Interview Survey found that, compared to Whites, a higher proportion of Blacks had ever been told two or more different times that they had high blood pressure. Also, a higher proportion of Blacks were currently taking antihypertensive medication when compared to Whites. In this survey, females were more likely than males to report ever having been told they were hypertensive and to be taking antihypertensive medication.

Using national data, public health experts have identified Blacks and males as two key targets for high blood pressure control and education programs. The Pennsylvania survey shows that females and Whites have similar prevalence rates for current hypertension compared to males and Blacks. However, Pennsylvania data should be interpreted with caution because of the small sample sizes and the differences in methods and definitions. The Pennsylvania survey found that those people without high school educations and household incomes of less than $10,000 had the highest rates of hypertension. These findings are similar to the 1985 National Household Interview Survey and underscore the need for interventions targeted to these groups.

TABLE F.1

HYPERTENSION BY SEX AND AGE,
PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT(1) OF PERSONS WHO HAVE: EVER BEEN TOLD THAT THEY WERE HYPERTENSIVE(2)	CURRENT HYPERTENSION(3)	UNCONTROLLED HYPERTENSION(4)	TOTAL NUMBER(5)
FEMALES				
18-24 Years	6.7	2.6	-	105
25-34 Years	7.8	6.1	1.5	222
35-44 Years	13.2	10.6	-	218
45-54 Years	22.7	20.2	1.9	119
55-64 Years	37.7	33.4	5.2	145
65 Years or Older	52.5	48.2	2.6	250
All Females	24.4	21.1	1.8	1,059
MALES				
18-24 Years	12.9	5.9	0.5	74
25-34 Years	7.3	3.3	0.5	199
35-44 Years	27.0	17.0	1.5	162
45-54 Years	27.8	24.6	1.6	94
55-64 Years	36.3	33.3	2.5	97
65 Years or Older	40.3	36.7	0.2	129
All Males	23.7	18.4	1.1	755
TOTAL	24.1	19.9	1.5	1,814

(1)Percentages were calculated using weighted data.

(2)Persons who had ever been told by a doctor, nurse, or other health professional that they had high blood pressure.

(3)Persons who had been told on more than one occasion that their blood pressure was high, or are on medication, or report that their blood pressure is "still high."

(4)Persons who had ever been told by a doctor, nurse, or other health professional that they had high blood pressure and who indicated that their blood pressure is "still high."

(5)Total numbers are unweighted data.

TABLE F.2

HYPERTENSION BY RACE, EDUCATION, AND INCOME,
PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT(1) OF PERSONS WHO HAVE: EVER BEEN TOLD THAT THEY WERE HYPERTENSIVE(2)	CURRENT HYPERTENSION(3)	UNCONTROLLED HYPERTENSION(4)	TOTAL NUMBER(5)
RACE				
Black, Not of Hispanic Origin	24.6	18.0	1.2	135
White, Not of Hispanic Origin	24.3	20.2	1.5	1,632
EDUCATION				
Less than High School	39.0	31.8	3.5	312
High School Graduate	22.5	19.0	1.4	738
Technical School	29.2	27.7	0.7	71
Some College	18.4	14.9	0.3	276
College Graduate	15.1	11.1	0.7	264
Post Graduate	24.0	20.2	1.4	150
INCOME				
Less than $10,000	37.4	30.6	3.0	265
$10,000 - $20,000	26.8	22.9	2.6	394
$20,000 - $35,000	19.0	15.5	0.8	485
$35,000 or More	18.9	14.8	1.0	485
TOTAL	24.1	19.9	1.5	1,814

(1)Percentages were calculated using weighted data.

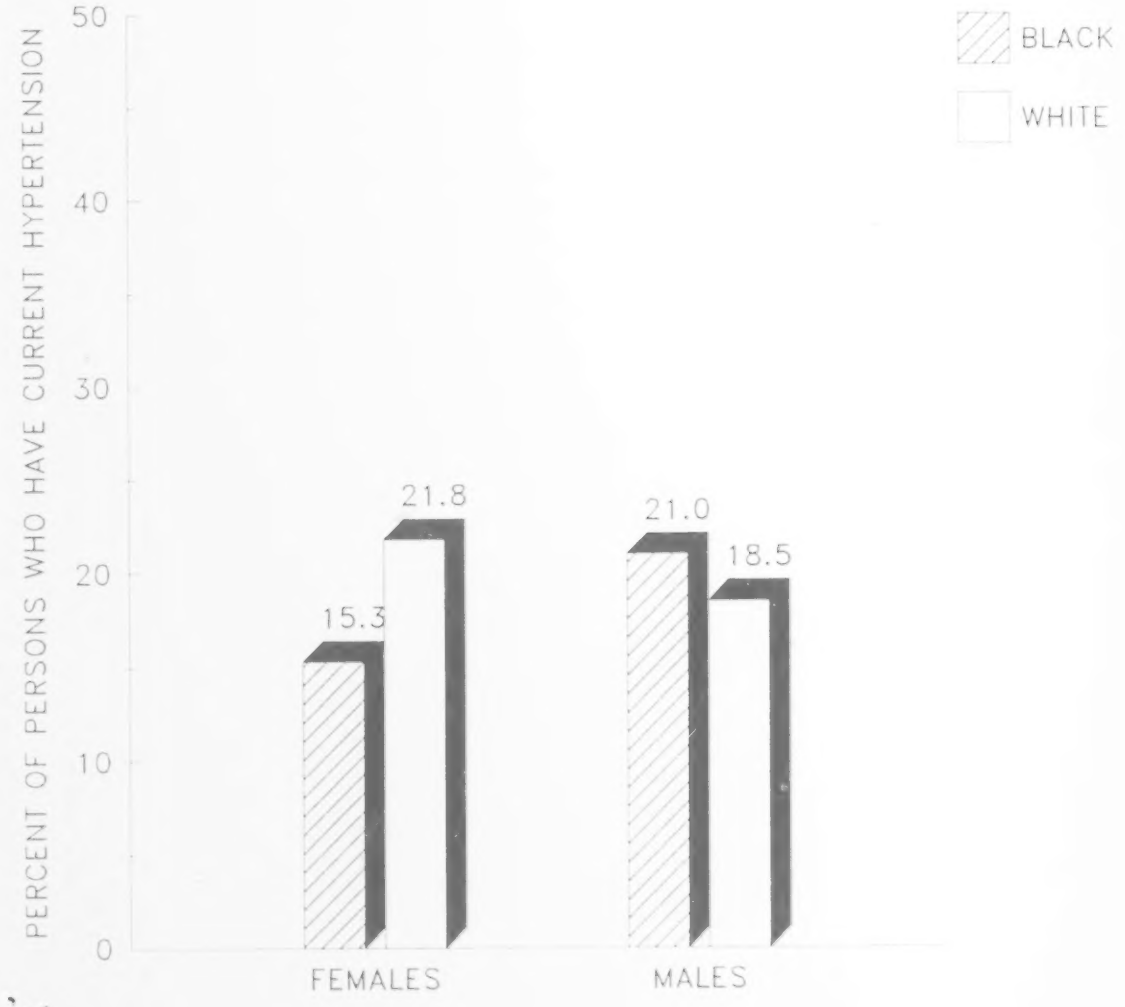
(2)Persons who had ever been told by a doctor, nurse, or other health professional that they had high blood pressure.

(3)Persons who had been told on more than one occasion that their blood pressure was high, or are on medication, or report that their blood pressure is "still high."

(4)Persons who had ever been told by a doctor, nurse, or other health professional that they had high blood pressure and who indicated that their blood pressure is "still high."

(5)Total numbers are unweighted data.

FIGURE F.1 PERSONS WITH CURRENT HYPERTENSION, PERCENT BY SEX AND RACE, PENNSYLVANIA, 1989



CURRENT HYPERTENSION INCLUDES PERSONS WHO WERE TOLD THAT THEIR BLOOD PRESSURE WAS HIGH MORE THAN ONCE, OR ARE ON MEDICATION, OR REPORT THEIR BLOOD PRESSURE IS STILL HIGH.

DISEASE PREVENTION

Physician Visits for Routine Checkups

The U.S. Preventive Services Task Force recommended a set of screening tests for adults in three age groups (19-39 years, 40-64 years, and 65 years and over). Depending on the type of test the frequency at which the various tests should be conducted varies from every year to every ten years.

A visit to the physician for a checkup provides an opportunity for individuals to obtain recommended screening tests. The Pennsylvania Survey described the routine checkup as a visit to the doctor when people are feeling well and have not been sick. Respondents were asked how long it had been since they last visited a doctor for a routine checkup.

Table G.1 shows that less than an estimated 70 percent of Pennsylvania adults had a routine checkup within the past year. Males were more likely than females to have had a checkup more than five years ago or never to have had a checkup.

Table G.2 shows that the family or general practitioner was the most likely type of physician to have been visited by persons who had a routine medical checkup.

Cholesterol

Elevated blood cholesterol is a major cause of coronary heart disease. The U.S. Preventive Task Force Report recommends that adults have their cholesterol measured periodically. Table G.3 shows that 58 percent of Pennsylvania adults have ever had their blood cholesterol levels checked. There was little difference between males and females in this particular disease prevention practice. Those least likely to report having ever been checked were persons aged 18-24 years.

Table G.4 shows that of those who had been checked for cholesterol levels, 81 percent had their last cholesterol test within the past year.

A recent goal of the National Cholesterol Education Program is to encourage people to "know their cholesterol number." All persons who had ever been checked for cholesterol were asked if they had ever been told their blood cholesterol level in numbers. Overall, 68 percent of those who had been checked indicated that they were told their blood cholesterol level (Table G.5). People in the middle age group (45-54 years old) were more likely than the youngest and older age groups to ever have been told their blood cholesterol level.

Of those who had ever had their cholesterol checked, 26 percent have been told that their cholesterol was high and 18 percent were under doctor's advice to reduce their cholesterol. When compared to younger adults those persons 55 years old and older were most likely to have elevated cholesterol and be under a doctor's advice to lower their cholesterol.

Those persons who were under doctor's advice to lower cholesterol were asked if their doctor had prescribed medication, provided a low-fat diet, or referred them to a dietitian or other health professional. Overall, 77

percent of those who were under a doctor's advice to lower cholesterol indicated that their doctor had prescribed a low-fat or low-cholesterol diet (Table G.6). A much smaller proportion were referred by their doctor to a dietitian, nutritionist, or nurse to help them reduce the fat or cholesterol in their diet (22 percent), or were prescribed medication to lower their cholesterol (27 percent).

Diabetes

An estimated 6 percent of Pennsylvania adults have ever been told by a doctor that they had diabetes (Table G.7). The percentage of adults who have been told they have diabetes increases with age.

Mammography

Breast cancer accounts for 28 percent of the total cancer incidence among U.S. women. Experts estimate that breast cancer mortality could be reduced substantially with early detection. Yearly mammograms to detect cancer are recommended for women 50 years of age and older, while women at ages 40 through 49 years are advised to have a mammogram every 1 to 2 years.

All women in the Pennsylvania Behavioral Risk Factor Survey were asked if they had ever had a mammogram. Table G.8 shows that 44 percent of all women have ever had a mammogram. Women aged 45-54 years were the most likely of any age group to have ever had a mammogram. Slightly over half of all women aged 65 years and older had ever had a mammogram. Women with a post graduate degree and those with a household income of $35,000 or more were the most likely of any education or income group to ever have a mammogram. Whites were slightly more likely than Blacks to have had a mammogram.

All women who ever had a mammogram were asked if their last mammogram was done as part of a routine checkup, because of a breast problem, or because they have already had breast cancer. Routine checkup was the most frequent reason given by women (Table G.9). Younger women aged 35-44 years were more likely than older women to give breast problems as the reason for the mammogram, while older women (over age 64 years) were more likely than younger women to give cancer as the reason.

All women who ever had a mammogram were asked whose idea was it to have the last mammogram. The doctor's idea was the most common motivating factor given by women (Table G.10). Younger women were more likely than older women to say that it was their own rather than the doctor's idea.

All women who ever had a mammogram were asked when their last mammogram was done. Of those women over age 54 who ever had a mammogram, about two-thirds had a mammogram during the past year (Table G.11).

Women who are most at risk for suffering from the consequences of having breast cancer diagnosed at later stages are those women who never had a mammogram and those women over age 50 who don't have yearly exams. In this survey, an estimated 56 percent of women aged 55-64 years and 61 percent of women aged 65 years and older never had a mammogram or did not have a mammogram in the past year.

TABLE G.1

PERSONS WHO VISITED A DOCTOR FOR A ROUTINE CHECKUP BY RECENCY OF LAST ROUTINE CHECKUP, SEX, AND AGE, PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT* OF PERSONS WHO HAD LAST ROUTINE CHECKUP: WITHIN PAST YEAR	WITHIN PAST 1-2 YEARS	WITHIN PAST 2-5 YEARS	MORE THAN 5 YEARS AGO	NEVER	TOTAL NUMBER**
FEMALES						
18-24 Years	70.1	14.0	8.5	7.4	-	05
25-34 Years	69.1	16.8	7.4	4.2	2.0	222
35-44 Years	74.1	11.2	6.6	5.7	2.4	18
45-54 Years	68.8	15.8	7.7	4.7	3.0	19
55-64 Years	83.1	5.6	5.8	4.4	0.4	145
65 Years & Older	89.7	2.2	3.7	2.9	1.2	250
All Females	76.5	10.6	6.4	4.7	1.5	1,059
MALES						
18-24 Years	54.0	16.8	16.2	7.3	2.6	74
25-34 Years	42.7	23.1	16.3	14.7	3.2	199
35-44 Years	54.0	16.7	8.4	18.3	2.5	162
45-54 Years	62.8	12.9	11.9	11.9	0.5	94
55-64 Years	78.6	8.2	4.0	8.1	1.0	97
65 Years & Older	81.2	7.6	0.4	6.7	3.1	129
All Males	60.2	15.1	10.1	11.7	2.3	755
TOTAL	68.9	12.7	8.1	8.0	1.9	1,814

*Percentages were calculated using weighted data. Percentages may not add to 100 due to rounding and to unknowns/refusals.

**Total numbers are unweighted data.

TABLE G.2

PERSONS WHO VISITED A DOCTOR FOR A ROUTINE CHECKUP BY TYPE OF DOCTOR SEEN, SEX, AND AGE, PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT* OF PERSONS WHO WERE SEEN AT LAST ROUTINE CHECKUP BY: FAMILY OR GENERAL PRACTITIONER	OTHER DOCTOR	TOTAL** NUMBER
FEMALES			
18-24 Years	71.5	27.4	105
25-34 Years	56.1	43.7	216
35-44 Years	55.0	44.0	213
45-54 Years	64.6	35.4	116
55-64 Years	71.2	27.4	143
65 Years and Older	77.1	21.7	246
All Females	65.9	33.3	1,039
MALES			
18-24 Years	89.4	9.4	71
25-34 Years	82.3	14.5	192
35-44 Years	79.1	16.5	157
45-54 Years	80.1	20.0	93
55-64 Years	79.7	19.3	123
65 Years and Older	73.2	24.9	105
All Males	80.7	17.1	732
TOTAL	72.8	25.8	1,771

*Percentages were calculated using weighted data. Percentages may not add to 100 due to rounding and unknowns.

**Total unweighted number of persons who had visited a doctor for a routine checkup. These numbers exclude persons who had never had or were not sure if they had a routine checkup.

TABLE G.3

PERSONS WHO EVER HAD THEIR CHOLESTEROL CHECKED
BY SEX AND AGE, PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT* OF PERSONS WHO EVER HAD THEIR BLOOD CHOLESTEROL CHECKED: YES	NO	TOTAL NUMBER**
FEMALES			
18-24 Years	30.1	67.1	105
25-34 Years	43.5	53.8	222
35-44 Years	58.4	39.4	218
45-54 Years	59.6	37.4	119
55-64 Years	82.9	15.3	145
65 Years and Older	76.9	19.9	250
All Females	59.0	38.4	1,059
MALES			
18-24 Years	24.9	67.6	74
25-34 Years	40.2	57.9	199
35-44 Years	60.0	39.7	162
45-54 Years	70.9	22.8	94
55-64 Years	82.3	16.7	97
65 Years and Older	81.9	13.7	129
All Males	57.8	38.8	755
TOTAL	58.4	38.6	1,814

*Percentages were calculated using weighted data. Percentages may not add to 100 due to rounding and unknowns.

**Total numbers are unweighted data.

TABLE G.4

PERSONS WHO EVER HAD THEIR CHOLESTEROL CHECKED BY RECENCY OF LAST CHOLESTEROL CHECK, SEX, AND AGE, PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT* OF PERSONS WHO HAD THEIR CHOLESTEROL CHECKED: WITHIN PAST YEAR	WITHIN PAST 1-2 YEARS	WITHIN PAST 2-5 YEARS	MORE THAN FIVE YEARS AGO	TOTAL NUMBER**
SEX					
Females	81.8	10.5	4.8	2.2	641
Males	80.4	10.9	4.8	3.5	447
AGE					
18-24 Years	68.1	25.8	4.8	-	48
25-34 Years	78.7	11.8	7.0	2.5	181
35-44 Years	75.2	12.2	8.3	4.3	224
45-54 Years	81.8	9.4	5.0	3.3	138
55-64 Years	86.8	7.7	2.1	3.4	197
65 Years and Older	85.8	7.8	3.1	2.0	300
TOTAL	81.2	10.7	4.8	2.8	1,088

*Percentages were calculated using weighted data. Percentages may not add to 100 due to rounding and unknowns/refusals.

**Unweighted number of persons who had ever had their cholesterol checked.

TABLE G.5

CHOLESTEROL STATUS BY SEX AND AGE, PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT OF PERSONS WHO(1): HAVE EVER BEEN TOLD THEIR CHOLESTEROL LEVEL(2)	HAVE EVER BEEN TOLD THEIR CHOLESTEROL IS HIGH(3)	ARE NOW UNDER DOCTOR'S ADVICE TO REDUCE CHOLESTEROL(4)	TOTAL NUMBER(5)
SEX				
Females	65.3	26.4	18.9	641
Males	70.8	24.9	16.6	447
AGE				
18-24 Years	46.2	11.8	1.6	48
25-34 Years	76.8	14.7	8.7	181
35-44 Years	76.2	21.4	14.6	224
45-54 Years	79.2	30.8	16.9	138
55-64 Years	64.2	31.2	28.0	197
65 Years and Older	58.6	32.0	22.8	300
TOTAL	67.8	25.7	17.8	1,088

(1)Percentages were calculated using weighted data.

(2)Persons who have ever been told their blood cholesterol level in numbers.

(3)Persons who have ever been told by a doctor or other health professional that their blood cholesterol is high.

(4)Persons who are under the advice of a doctor to reduce their blood cholesterol or blood fat level.

(5)Total unweighted number of persons who have ever had their blood cholesterol checked.

TABLE G.6

PERSONS UNDER DOCTOR'S ADVICE TO REDUCE CHOLESTEROL BY TYPE OF CHOLESTEROL REDUCTION MEASURE, PENNSYLVANIA, 1989

CHOLESTEROL REDUCTION MEASURE:	PERCENT* OF PERSONS WHOSE DOCTOR: DID RECOMMEND THIS MEASURE	DID NOT RECOMMEND THIS MEASURE	TOTAL NUMBER** UNDER DOCTOR'S ADVICE
Doctor prescribed medication to lower their blood cholesterol	27.1	70.3	192
Doctor provided a low-fat or low-cholesterol diet	77.1	21.5	192
Doctor referred person to a dietitian, nutritionist, or nurse to help reduce fat or cholesterol in his/her diet	21.7	77.2	192

*Percentages were calculated using weighted data. Percentages do not add to 100 due to rounding and to unknowns/refusals.

**Total numbers are unweighted data.

TABLE G.7

PERSONS WHO HAD EVER BEEN TOLD BY A DOCTOR THAT THEY HAD DIABETES BY SEX AND AGE, PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT* OF PERSONS WHO HAD EVER BEEN TOLD BY A DOCTOR THAT THEY HAD DIABETES: YES	NO	TOTAL NUMBER**
FEMALES			
18-24 Years	0.6	99.4	105
25-34 Years	2.0	97.7	222
35-44 Years	4.6	95.2	218
45-54 Years	5.2	94.8	119
55-64 Years	12.5	87.5	145
65 Years and Older	11.5	88.5	250
All Females	6.2	93.7	1,059
MALES			
18-24 Years	3.4	96.6	74
25-34 Years	2.1	97.9	199
35-44 Years	4.2	95.8	162
45-54 Years	6.1	93.9	94
55-64 Years	12.4	87.6	97
65 Years and Older	13.6	85.9	129
All Males	6.4	93.5	755
TOTAL	6.3	93.6	1,814

*Percentages were calculated using weighted data. Percentages may not add to 100 due to rounding and to unknowns/refusals.

**Total numbers are weighted data.

TABLE G.8

FEMALES WHO EVER HAD A MAMMOGRAM BY
AGE, RACE, EDUCATION, AND INCOME, PENNSYLVANIA, 1989

DEMOGRAPHIC CHARACTERISTIC	PERCENT* OF FEMALES WHO EVER HAD A MAMMOGRAM: YES	NO	TOTAL NUMBER**
AGE			
18-24 Years	14.4	83.7	105
25-34 Years	13.5	86.5	222
35-44 Years	51.9	47.9	218
45-54 Years	73.7	26.3	119
55-64 Years	64.9	34.0	145
65 Years and Older	53.1	44.3	250
RACE			
White, not of Hispanic origin	44.0	55.2	940
Black, not of Hispanic origin	42.1	53.8	87
EDUCATION			
Less than High School	46.2	51.4	191
High School Graduate	44.2	55.0	465
Technical School	51.4	48.6	42
Some College	36.2	62.2	156
College Graduate	39.1	60.9	132
Post Graduate	58.0	42.0	70
INCOME			
Less than $10,000	41.5	55.2	203
$10,000-$20,000	39.8	59.1	219
$20,000-$35,000	41.6	58.4	275
$35,000 or more	47.5	52.3	226
TOTAL	43.7	55.3	1,059

*Percentages were calculated using weighted data. Percentages may not add to 100 due to rounding and unknowns.

**Total numbers are unweighted data.

TABLE G.9

REASONS FOR HAVING A MAMMOGRAM BY AGE OF FEMALES
WHO EVER HAD A MAMMOGRAM, PENNSYLVANIA, 1989

AGE:	PERCENT* OF FEMALES WHO HAD THEIR LAST MAMMOGRAM DONE BECAUSE: ROUTINE CHECKUP	BREAST PROBLEM	HAD BREAST CANCER	DON'T KNOW	TOTAL NUMBER**
35-44 Years	66.0	32.6	1.4	-	114
45-54 Years	84.0	12.0	4.0	-	84
55-64 Years	83.8	12.3	3.9	-	96
65 Years and Older	82.8	8.3	7.2	1.7	132

*Percentages were calculated using weighted data.

**Total unweighted number of females who ever had a mammogram.

TABLE G.10

SOURCE OF MOTIVATION FOR HAVING LAST MAMMOGRAM BY AGE OF FEMALES
WHO EVER HAD A MAMMOGRAM, PENNSYLVANIA, 1989

AGE:	PERCENT* OF FEMALES WHOSE IDEA FOR HAVING THE LAST MAMMOGRAM DONE WAS: HER OWN IDEA	DOCTOR'S IDEA	SOMEONE ELSE'S IDEA	DON'T KNOW	TOTAL NUMBER**
35-44 Years	37.4	60.3	2.3	-	114
45-54 Years	19.2	77.8	2.1	0.9	84
55-64 Years	14.6	83.8	0.6	1.1	96
65 Years and Older	15.8	80.3	3.3	0.6	132

*Percentages were calculated using weighted data. Percentages may not add to 100 due to rounding.

**Total unweighted number of females who ever had a mammogram.

TABLE G.11

RECENCY OF LAST MAMMOGRAM BY AGE
OF FEMALES WHO EVER HAD A MAMMOGRAM
PENNSYLVANIA, 1989

AGE	PERCENT* OF FEMALES WHO HAD THEIR LAST MAMMOGRAM: WITHIN PAST YEAR	1-2 YEARS AGO	MORE THAN TWO YEARS AGO	TOTAL NUMBER**
35-44 Years	54.9	29.2	15.9	114
45-54 Years	65.9	26.9	7.3	84
55-64 Years	65.4	15.3	19.3	96
65 Years and Older	66.7	13.8	17.3	132

*Percentages were calculated using weighted data. Percentages do not add to 100 due to rounding and unknowns/refusals.

**Total unweighted number of females who ever had a mammogram.

APPENDICES

REFERENCES

Blair, S. N.; Goodyear, N. N.; Gibbons, L. W.; and K. H. Cooper. "Physical Fitness and Incidence of Hypertension in Healthy Normotensive Men and Women," JAMA 252: 487-90; 1984.

Hypertension Prevalence and the Status of Awareness, Treatment, and Control in the United States. Final Report of the Subcommittee on Definition and Prevalence by the Joint National Committee on Detection, Evaluation and Treatment of High Blood Pressure, 1984.

Kohl, H. W.; LaPorte, R. E.; and S. N. Blair. "Physical Activity and Cancer: An Epidemiological Perspective," Sports Medicine 6: 222-37, 1988.

National Center for Health Statistics. Anthropometric Reference Data and Prevalence of Overweight, United States 1976-1980. Series II, No. 238. Hyattsville, MD: USDHHS, 1987.

National Center for Health Statistics. Health Promotion and Disease Prevention, United States, 1985. Series 10, No. 163. Hyattsville, MD: USDHHS, 1988.

National Institute on Alcohol Abuse and Alcoholism. Alcohol and Health. Rockville, MD: USDHHS, 1990.

Office on Smoking and Health. A Report of the Surgeon General: Cancer - The Health Consequences of Smoking. Rockville, MD: USDHHS, 1982.

Office on Smoking and Health. A Report of the Surgeon General: Cardiovascular Disease -- The Health Consequences of Smoking. Rockville, MD: USDHHS, 1983.

Office on Smoking and Health. A Report of the Surgeon General: Chronic Obstructive Lung Disease - The Health Consequences of Smoking. Rockville, MD: USDHHS, 1984.

Office on Smoking and Health. Smoking and Health: A National Status Report. Rockville, MD: USDHHS, 1990.

President's Council on Physical Fitness and Sports. 1985 National School Population Fitness Survey. Washington, D.C.: USDHHS, 1986.

Public Health Service. Promoting Health/Preventing Disease: Objectives for the Nation. Washington, D.C.: USDHHS, 1980.

Public Health Service. The Surgeon General's Report on Nutrition and Health. Washington, D.C.: 1988, 287-9.

U.S. Preventive Services Task Force Guide to Clinical Services. Baltimore, MD: Williams and Wilkins, 1989.

Van Stalle, T. B. "Health Implications of Overweight and Obesity in the United States." Ann. Int. Med. 103: 983-88, 1985.

Waksberg, J. "Sampling Methods for Random Digit Dialing." J. of Am. Stat. Assn. 73: March, 1978.

The interview will only take a short time, and all the information obtained in this study will be confidential. First, I'd like to begin by asking you about using seat belts...

SECTION A: SEAT BELTS

1. How often do you use seat belts when you drive or ride in a car?

Would you say: PLEASE READ (31)

a. Always 1
b. Nearly Always 2
c. Sometimes 3
d. Seldom 4
e. Never 5

DO NOT READ THESE RESPONSES

Don't know/Not sure 7
Never drive or ride in a car 8
Refused 9

SECTION B: HYPERTENSION

These next questions are about hypertension or high blood pressure:

2. Have you ever been told by a doctor, nurse, or other health professionals that you have high blood pressure?

PROBE FOR DOCTOR, NURSE OR OTHER HEALTH PROFESSIONAL (32)

a. No, GO TO SECTION C (p.3) 1
b. Yes, by a doctor 2
c. Yes, by a nurse 3
d. Yes, by other health professional 4
Don't know/Not sure GO TO SECTION C (p.3) 7
Refused GO TO SECTION C (p.3) 9

3. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (33)

a. More than once 1
b. Only once 2
Don't know/Not sure 7
Refused 9

4. Is any medicine currently prescribed for your high blood pressure? (34)

a. Yes 1
b. No, GO TO Q 6 2
Don't know/Not sure, GO TO Q 6 7
Refused, GO TO Q 6 9

5. Are you currently taking medicine for your high blood pressure? (35)

PROBE FOR "ALL OR MOST OF THE TIME" OR "ONLY OCCASIONALLY" IF NECESSARY. IF ANSWER IS "YES", USE "YES ALL OR MOST OF THE TIME"

a. Yes, all or most of the time 1
b. Yes, only occasionally 2
c. No 3
Don't know/Not sure 7
Refused 9

6. As far as you know, is your blood pressure presently normal--or under control--or is it still high?

PLEASE NOTE: NORMAL OR UNDER CONTROL INCLUDES "RETURNED TO NORMAL" AND "NO LONGER HAVE HIGH BLOOD PRESSURE" (36)

a. Normal 1
b. Under control 2
c. Still high 3
Don't know/Not sure 7
Refused 9

SECTION C: EXERCISE

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

7. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (37)

a. Yes 1

b. No, GO TO SECTION D (p.6) 2

Don't know/Not sure, GO TO SECTION D (p.6) .. 7

Refused, GO TO SECTION D (p.6) 9

8. What type of physical activity or exercise did you spend the most time doing during the past month? (38-39)

a. ACTIVITY ..... __ __

SEE CODING LIST A

Refused, GO TO Q 13 (p.7) 9 9

Activity

ASK QUESTION 9 ONLY IF ANSWER TO QUESTION 8 IS RUNNING, JOGGING, WALKING, OR SWIMMING, ALL OTHERS, GO TO QUESTION 10 (p.4).

9. How far did you usually walk/run/jog/swim? (40-42)

a. Miles and tenths ..... __ __.__

SEE CODING LIST B
IF RESPONSE IS NOT
IN MILES AND TENTHS

Don't know/Not sure 7 7 7

Refused 9 9 9

10. How many times per week or per month did you take part in this activity during the past month? (43-45)

a. Times per week ..... 1 __ __

b. Times per month ..... 2 __ __

Don't know/Not sure 7 7 7

Refused 9 9 9

11. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (46-48)

a. Hours & Minutes ..... __:__ __

Don't know/Not sure 7 7 7

Refused 9 9 9

12. Was there another physical activity or exercise that you participated in during the last month? (49)

a. Yes 1

b. No, GO TO SECTION D (p.6) 2

Don't know/Not sure, GO TO SECTION D (p.6).. 7

Refused, GO TO SECTION D (p.6) 9

13. What other type of physical activity gave you the next most exercise during the past month? (50-51)

a. Activity ..... __ __

SEE CODING LIST A

Refused, GO TO SECTION D (p.6) 9 9

Activity

ASK QUESTION 14 ONLY IF ANSWER TO QUESTION 13 IS RUNNING, JOGGING, WALKING, OR SWIMMING, ALL OTHERS GO TO QUESTION 15

14. How far did you usually walk/run/jog/swim? (52-54)

a. Miles and tenths ..... __ __.__

SEE CODING LIST B
IF RESPONSE IS NOT
IN MILES AND TENTHS

Don't know/Not sure 7 7 7

Refused..... 9 9 9

15. How many times per week or per month did you take part in this activity? (55-57)

a. Times per week ..... 1 __ __

b. Times per month ..... 2 __ __

Don't know/Not sure 7 7 7

Refused 9 9 9

16. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (58-60)

a. Hours & Minutes ..... __:__ __

Don't know/Not sure 7 7 7

Refused 9 9 9

SECTION D: WEIGHT CONTROL PRACTICES

"Now I would like to ask you about some of the things you may be currently doing to try to lose weight, or keep from gaining weight."

17. Are you now trying to lose weight? (61)

a. Yes 1

b. No, GO TO Q 21 (p.7) 2

c. No, trying to gain weight, GO TO Q 28 (p.9) 3

Don't know/Not sure GO TO Q 21 (p.7) 7

Refused GO TO Q 21 (p.7) 9

18. About how long ago did you begin your current attempt to lose weight? (62-64)

a. Days ..... 1 __ __

b. Weeks ..... 2 __ __

c. Months ..... 3 __ __

d. Years ..... 4 __ __

e. Always trying to lose weight 5 5 5

Don't know/Not sure 7 7 7

Refused 9 9 9

19. About how much did you weigh when you began your current attempt to lose weight? (65-67)

a. Weight ..... __ __ __
POUNDS

Don't know/Not sure 7 7 7

Refused 9 9 9

20. How much would you like to weigh? (68-70)

a. Weight, GO TO Q 22 ..... __ __ __
POUNDS

Don't know/Not sure, GO TO Q 22 ..... 7 7 7

Refused, GO TO Q 22 ..... 9 9 9

21. Are you now trying to maintain your current weight, that is to keep from gaining weight? (71)

a. Yes 1

b. No, GO TO Q 27, (p.9) 2

Don't know/Not sure GO TO Q 27, (p.9) ... 7

Refused GO TO Q 27, (p.9) 9

22. Are you eating fewer calories to lose weight, or to keep from gaining weight? (72)

a. Yes 1

b. No, GO TO Q 25, (p.8) 2

Don't know/Not sure GO TO Q 25, (p.8) ... 7

Refused GO TO Q 25, (p.8) 9

23. Some people count calories. If you are counting calories, about how many calories are you eating per day? (73-76)

a. (Record number of calories) __ __ __ __

b. Don't count calories GO TO Q 25 (p.8) . 7 7 7 7

Refused GO TO Q 25 (p.8) 9 9 9 9

(INTERVIEWER: IF RESPONDENT GIVES A NUMBER OF 10,000 OR GREATER, THEN ENTER 9997)

24. About how long have you been eating this many calories per day? (77-79)

a. Days ..... 1 __ __

b. Weeks ..... 2 __ __

c. Months ..... 3 __ __

d. Years ..... 4 __ __

Don't know/Not sure 7 7 7

Refused 9 9 9

25. Are you using physical activity or exercise to lose weight or to keep from gaining weight? (80)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

26. Are you now doing any of the following to lose weight or to keep from gaining weight?

	YES	NO	DK/NS	REF	
a. taking diet pills to decrease your appetite?	1	2	7	9	(81)
b. taking special products such as canned or powdered supplements?	1	2	7	9	(82)
c. fasting for 24 hours or longer as part of your diet	1	2	7	9	(83)
d. participating in an organized weight control program (such as Weight Watchers, TOPS, or Nutri-Systems)	1	2	7	9	(84)
e. causing yourself to vomit after you eat?	1	2	7	9	(85)

27. Have you been advised by a doctor or other health professional to reduce your weight? (INTERVIEWER: PROBE FOR DOCTOR, NUTRITIONIST OR OTHER HEALTH PROFESSIONAL) (86)

a. Yes, by a Doctor 1

b. Yes, by a Nurse/Physician's Assistant 2

c. Yes, by a Nutritionist/Dietitian 3

d. Yes, other Health Professional 4

e. No 5

Don't know/Not sure 7

Refused 9

28. Do you now consider yourself to be overweight, underweight, or about average? (87)

a. Overweight 1

b. Underweight 2

c. About Average 3

Don't know/Not sure 7

Refused 9

SECTION E: TOBACCO USE

Now, I would like to ask you a few questions about cigarette smoking.

29. Have you smoked at least 100 cigarettes in your entire life? (88)

100 CIGARETTES = 5 PACKS

a. Yes 1

b. No, GO TO SECTION F (p.11) 2

Don't know/Not sure, GO TO SECTION F (p.11) 7

Refused, GO TO SECTION F (p.11) 9

30. Do you smoke cigarettes now? (89)

a. Yes 1

b. No, GO TO SECTION F (p.11) 2

Refused, GO TO SECTION F (p.11) 9

31. On the average, about how many cigarettes a day do you now smoke? (90-91)

1 PACK = 20 CIGARETTES

a. Number of cigarettes ..... — —

b. Don't smoke regularly 8 8

Refused 9 9

32. Have you stopped smoking for a week or more sometime during the past year? (92)

a. Yes 1

b. No 2

Refused 9

SECTION F: ALCOHOL CONSUMPTION

These next few questions are about the use of beer, wine, wine coolers, cocktails, or liquor, such as vodka, gin, rum, or whiskey--all kinds of alcoholic beverages that people drink at meals, special occasions, or when just relaxing.

33. Have you had any beer, wine, wine coolers, cocktails, or liquor during the past month, that is, since _____? (93)

a.	Yes	1
b.	No, GO TO SECTION G (p.13)	2
	Refused, GO TO SECTION G (p.13)	9

34. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? (94-96)

a.	Days per week	1 _ _
b.	Days per month	2 _ _
	Don't know/Not sure, GO TO Q 36 (p.12)	7 7 7
	Refused, GO TO Q 36 (p.12)	9 9 9

35. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drink, about how many drinks do you drink on the average? (97-98)

a.	Number of drinks	_ _
	Don't know/Not sure	7 7
	Refused	9 9

36. Considering all types of alcoholic beverages, that is beer, wine, wine coolers, cocktails, and liquor, as drinks, how many times during the past month did you have 5 or more drinks on an occasion? (99-100)

a.	Number of times	_ _
b.	None	8 8
	Don't know/Not sure	7 7
	Refused	9 9

37. And during the past month, how many times have you driven when you've had perhaps too much to drink? (101-102)

a.	Number of times	_ _
b.	None	8 8
	Don't know/Not sure	7 7
	Refused	9 9

SECTION G: PREVENTIVE HEALTH PRACTICES

Some people visit a doctor for a routine checkup, even though they are feeling well and have not been sick.

38. About how long has it been since you last visited a doctor for a routine checkup?

PLEASE READ

Was it: (103)

a.	Within the past year (0 TO 12 MONTHS AGO)	1
b.	Within the past two years (13 TO 24 MONTHS AGO)	2
c.	Within the past five years (25 TO 60 MONTHS AGO)	3
	OR	
d.	More than five years ago (61+ MONTHS AGO)	4
	Don't know/Not sure, GO TO Q 40	7
	Never, GO TO Q 40	8
	Refused, GO TO Q 40	9

39. What type of doctor did you see for your last routine check-up?

PLEASE READ

Was it: (104)

a.	Family or General Practitioner	1
b.	Internist	2
--	Specialist such as heart, lung, or stomach specialist	3
d.	(ASK FOR WOMEN ONLY) Obstetrician/gynecologist	4
e.	(DO NOT READ) Other	5
	Don't know/Not sure	7
	Refused	9

These next questions are about blood cholesterol, which is a fatty substance found in the blood.

40. Have you ever had your blood cholesterol checked? (105)

a. Yes 1

b. No, GO TO Q 47 (p.16) 2

Don't know/Not sure, GO TO Q 47 (p.16) 7

Refused, GO TO Q 47 (p.16) 9

41. About how long has it been since you last had your blood cholesterol checked?

PLEASE READ (106)

Was it:

a. Within the past year .....(0 TO 12 MONTHS AGO) 1

b. Within the past two years ..(13 TO 24 MONTHS AGO) 2

c. Within the past five years .(25 TO 60 MONTHS AGO) 3

OR

d. More than five years ago .....(61+ MONTHS AGO) 4

Don't know/Not sure 7

Refused 9

42. Have you ever been told your blood cholesterol level, in numbers? (107)

a. Yes 1

b. No, GO TO Q 44 2

Don't know/Not sure, GO TO Q 44 7

Refused, GO TO Q 44 9

43. What is your blood cholesterol level? (108-110)

a. RECORD THE NUMBER ..... — — —

b. Don't know/Not sure 7 7 7

Refused 9 9 9

44. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (111)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

45. Are you now under the advice of a doctor to reduce your blood cholesterol or blood fat level? (112)

a. Yes 1

b. No, GO TO Q 47 (p.16) 2

Don't know/Not sure, GO TO Q 47 (p.16) 7

Refused, GO TO Q 47 (p.16) 9

46. Did the doctor:

46a. --prescribe a medication to lower your blood cholesterol? (113)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

46b. --provide you a low fat or low cholesterol diet? (114)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

46c. --refer you to a dietitian, nutritionist, or nurse to help you reduce the fat or cholesterol in your diet? (115)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

47. Next, I'd like to ask you about diabetes, sometimes called sugar diabetes. Have you ever been told by a doctor that you have diabetes? (116)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

SECTION H: DEMOGRAPHICS

These next few questions ask for a little more information about yourself.

48. How old were you on your last birthday? (117-118)

a. CODE AGE IN YEARS ..... __ __

Don't know/Not sure 0 7

Refused 0 9

49. What is your race?

Would you say:

PLEASE READ (119)

a. White 1

b. Black 2

c. Asian, Pacific Islander 3

d. Aleutian, Eskimo, or American Indian 4

e. Other specify _____ 5

Don't know/Not sure 7

Refused 9

50. Are you of Hispanic origin such as Mexican American, Latin American, Puerto Rican, or Cuban? (120)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

51. What is the highest grade or year of school you completed?

READ ONLY IF NECESSARY (121)

a. Eighth Grade or Less 1

b. Some High School 2

c. High School Grad or GED Certificate 3

d. Some Technical School 4

e. Technical School Graduate 5

f. Some College 6

g. College Graduate 7

h. Post Grad or Professional Degree 8

Refused 9

52. Are you currently: PLEASE READ (122)

a. Employed for wages 1

b. Self employed 2

c. Out of work for more than 1 year 3

d. Out of work for less than 1 year 4

e. Homemaker 5

f. Student 6

OR

g. Retired 7

Refused 9

53. And are you: PLEASE READ (123)

a. Married 1

b. Divorced 2

c. Widowed 3

d. Separated 4

e. Never been married 5

OR

f. A member of an unmarried couple 6

Refused 9

54. Which of the following categories best describes your annual household income from all sources?

PLEASE READ (124)

a. Less than $10,000 1

b. $10 to $15,000 2

c. $15 to $20,000 3

e. $20 to $25,000 4

e. $25 to $35,000 5

f. $35 to $50,000 6

OR

g. Over $50,000 8

Don't know/Not sure 7

Refused 9

55. What county do you live in? (141-143)

a. County Code.....__ __ __

Don't know/Not sure..... 7 7 7

01	Adams	35	Lackawanna
02	Allegheny	36	Lancaster
03	Armstrong	37	Lawrence
04	Beaver	38	Lebanon
05	Bedford	39	Lehigh
06	Berks	40	Luzerne
07	Blair	41	Lycoming
08	Bradford	42	McKean
09	Bucks	43	Mercer
10	Butler	44	Mifflin
11	Cambria	45	Monroe
12	Cameron	46	Montgomery
13	Carbon	47	Montour
14	Centre	48	Northampton
15	Chester	49	Northumberland
16	Clarion	50	Perry
17	Clearfield	51	Philadelphia
18	Clinton	52	Pike
19	Columbia	53	Potter
20	Crawford	54	Schuylkill
21	Cumberland	55	Snyder
22	Dauphin	56	Somerset
23	Delaware	57	Sullivan
24	Elk	58	Susquehanna
25	Erie	59	Tioga
26	Fayette	60	Union
27	Forest	61	Venango
28	Franklin	62	Warren
29	Fulton	63	Washington
30	Greene	64	Wayne
31	Huntingdon	65	Westmoreland
32	Indiana	66	Wyoming
33	Jefferson	67	York
34	Juniata		

56. About how much do you weigh without shoes? (125-127)

a. Weight ..... __ __ __
POUNDS

Don't know/Not sure 7 7 7

Refused 9 9 9

57. About how tall are you without shoes? (128-130)

a. Height ..... __/__ __
ft. inches

Don't know/Not sure 7 7 7

Refused 9 9 9

58. INTERVIEWER: INDICATE SEX OF RESPONDENT ASK IF NECESSARY (131)

a. Male, GO TO Q 67 (p.25) 1

b. Female 2

These next questions are about mammograms, which are x-ray tests of the breast to look for cancer.

59. Have you ever had a mammogram? (132)

a. Yes 1

b. No GO TO Q 64 (p.23)..... 2

Don't know/Not sure GO TO Q 65 (p.24)..... 7

Refused GO TO Q 65 (p.24)..... 9

60. About how long has it been since you had your last mammogram?

PLEASE READ (133)

Was it:

a. Within the past year GO TO Q 62 (p.23)
.....(0 TO 12 MONTHS AGO) 1

b. Within the past two years ...(13 TO 24 MONTHS AGO) 2

c. Within the past five years ..(25 TO 60 MONTHS AGO) 3

OR

d. More than five years ago .....(61+ MONTHS AGO) 4

Don't know/Not sure 7

Refused 9

61. What is the most important reason that you did not have a mammogram in the last year)?

(DO NOT READ LIST. RECORD ONLY ONE ANSWER) (134)

a. Not recommended by doctor/doctor never said it was needed 1

b. Not needed/not necessary 2

c. Never heard of mammogram 3

d. Cost 4

e. No insurance to pay for it 5

f. Other 6

Don't know/Not sure 7

Refused 9

62. **Was your last mammogram done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer?** (135)

a. Routine checkup 1

b. Breast problem 2

c. Had breast cancer 3

Don't know/Not sure 7

Refused 9

63. Whose idea was it for you to have this last mammogram - was it your idea, your doctor's idea, or someone else's idea? (Probe for the most influential. Record only one response.) (136)

a. Respondent's Idea 1

b. Doctor's idea 2

c. Someone else's idea 3

Don't know/Not sure 7

Refused 9

INTERVIEWER GO TO Q 65, PAGE 24

64. What is the <u>most important reason</u> that you never had a mammogram? (DO NOT READ LIST. RECORD ONLY ONE ANSWER) (134)

a. Not recommended by doctor/doctor never said it was needed 1

b. Not needed/not necessary 2

c. Never heard of mammogram 3

d. Cost 4

e. No insurance to pay for it 5

f. Other 6

Don't know/Not sure 7

Refused 9

65. <u>INTERVIEWER</u>: <u>ASK THESE TWO QUESTIONS ONLY OF FEMALES BETWEEN 18 AND 45 YEARS OF AGE</u>, (SEE Q 48) <u>OTHERWISE GO TO QUESTION 67</u>

65a. To your knowledge, are you now pregnant? (137)

a. Yes 1

b. No, <u>GO TO Q 67</u> 2

Don't know/Not sure, <u>GO TO Q 67</u> 7

Refused, <u>GO TO Q 67</u> 9

MODULE 5: INJURY CONTROL AND CHILD SAFETY

67. Is there a working smoke detector in your household? (159)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

68. In the past 12 months have you (or has anyone in your household) used a thermometer to test the temperature of the hot water? (160)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

69. What is the age of the youngest child in your household? (161-162)

a. Age in years (If >10 <u>GO TO Q 73</u>..... __ __

b. No children in household <u>GO TO Q 73</u>..... 8 8

Don't know/Not sure, <u>GO TO Q 73</u>..... 7 7

Refused, <u>GO TO Q 73</u>..... 9 9

70. Do you have the telephone number for a Poison Control Center in your area? (163)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

71. There is a medication called IPECAC (ip' i kak) SYRUP which is sometimes taken to cause vomiting after something poisonous is swallowed. Do you now have any Ipecac Syrup in your household? (164)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

72. When riding in a car, how often is the youngest child buckled in a car safety seat or seat belt?

PLEASE READ (155)

Would you say:

a. All the time 1
b. Most of the time 2
c. Sometimes 3
d. Rarely 4
OR
e. Never 5

Don't know/Not sure 7

Refused 9

73. How many telephone numbers will reach this household, including the number I used today?

DIFFERENTIATE BETWEEN TELEPHONE NUMBERS AND TELEPHONE SETS IF NECESSARY. INCLUDE ALL TELEPHONE NUMBERS THAT CAN REACH HOUSEHOLD (140)

A. Total Telephone Numbers . . . . . ___

CLOSING STATEMENT

That's my last question. Let me emphasize that your answers cannot be identified with your name. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

* * * * * * * * * * * * * * * TERMINATE INTERVIEW * * * * * * * * * * * * * * *

A. Time Interview Ended: _____

B. Sex of Respondent: /1. Male/ /2. Female/

C. COMMENTS: _____

_____

_____

_____

_____